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Manitoba

Annual Report 1986 - 87

Health

Manitoba

Minister of Health
Minister Responsible for Sport

7th Floor
175 Hargrave Street
Winnipeg, Manitoba, CANADA
R3C 3R8

February 8, 1988

To His Honour
George Johnson
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the honour of presenting herewith the Annual Report of Manitoba Health for the fiscal year 1986-87.

Respectfully submitted,

Wilson D. Parasiuk

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Minister of Health

Manitoba

Deputy Minister of Health

Winnipeg, Manitoba, CANADA
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Respectfully submitted,

T. R. Edwards, C.A.
Deputy Minister of Health

TABLE OF CONTENTS

	Page
Manitoba Health Organization Chart	
ADMINISTRATIVE SERVICES DIVISION	1
Administration and Financial Services	1
Human Resource Management Services	2
Internal Audit	3
Medical Supplies and Home Care Equipment	3
Information Resources	4
COMMUNITY HEALTH SERVICES DIVISION	5
Regional Operations	5
Communicable Disease Control	6
Immunization and Vaccine-Preventable Illnesses	6
Sexually Transmitted Diseases	8
Food Protection Operations	9
Maternal and Child Health Directorate	10
Reproductive/Preconceptual Health	10
Perinatal Health	11
Child Health	11
Health Promotion Directorate	12
Cardiovascular Health Promotion	12
Nutrition	13
Fitness Section	13
Services to Seniors Section	14
Diabetes Education Program	14
Health Education - Smoking Reduction	15
Office of Hearing Conservation	15
Office of Continuing Care	17
Home Care	17
Personal Care Home Placement	19
Dental Health Services	19

TABLE OF CONTENTS (Continued)

	Page
Environmental Health Services	20
Health Care to the North	21
PROVINCIAL GERONTOLOGIST	22
RESEARCH AND PLANNING DIRECTORATE	23
MENTAL HEALTH SERVICES DIVISION	24
Office of The Chief Provincial Psychiatrist	24
Mental Health Directorate	25
Community Mental Health Services	26
Forensic Services	26
Child and Adolescent Mental Health Services	27
Selkirk Mental Health Centre	28
Brandon Mental Health Centre	30

STATISTICAL APPENDIX

TABLE OF CONTENTS

		Page
PART I	**Population of Manitoba**	
Figure 1	Manitoba Health Regional Boundaries, 1987	33
Table 1	Population of Manitoba by Health Region, by Age Group and Sex - June 1, 1986.	34
PART II	**ADMINISTRATION AND FINANCE**	
SECTION I	**Medical Supplies and Home Care Equipment**	
Table 1	Medical Supplies and Home Care Equipment Program: Caseload Movement by Program - 1986/87	35
Table 2	Medical Supplies and Home Care Equipment Program: Patient and Other Services by Program and Type - 1986/87	36
PART III	**COMMUNITY HEALTH SERVICES**	
SECTION 1	**Public Health Nursing**	
Table 1	Public Health Nursing: Reported Caseload Movement by Category - 1986/87	37
SECTION 2	**Communicable Diseases**	
Table 1	Communicable Diseases: Reported Cases in Manitoba - 1985 and 1986.	38
Figure 1	Reported Salmonellosis Cases (003): Winnipeg and Rural Area - 1973 to 1986/87	39
Figure 2	Reported Rubella Cases (056): Winnipeg and Rural Area - 1973 to 1986/87	40
Figure 3	Reported Hepatitis A Cases (070.0): Winnipeg and Rural Area - 1973 to 1986/87	41
Figure 4	Reported Gonococcal Infections (098): Rate per 10,000 Population - 1960 to 1986/87	42
Table 2	Reported Infectious Syphilis and Gonorrhea (Laboratory Confirmed) in Manitoba - 1977 to 1986	43
Table 3	Reported Cases of Syphilis and Gonorrhea by Age Group and Sex - 1986	44
Table 3A	Reported Cases of Chlamydia and AIDS by Age Group and Sex - 1986	44
Table 4	Active Tuberculosis Cases by Type - 1986	45
Table 5	Drug Dispensing Program: Number of Patients Active and Registered - 1983 to 1986/87	45
Table 6	Food Protection Program: Activities - 1984 to 1986/87	46

STATISTICAL APPENDIX

TABLE OF CONTENTS (Continued)

		Page
SECTION 3	**Office of Hearing Conservation**	
Table 1	Office of Hearing Conservation: Screening, Referrals, and Assessments by Region - 1986/87	47
SECTION 4	**Continuing Care**	
Table 1	Maximum Number of Persons Receiving Co-ordinated Home Care Services by Region: 1986/87	48
Table 2	Home Care Program: Caseload Movement by Age Group - 1986/87	49
Table 3	Home Care Program: Average Monthly Number of Persons Receiving Selected Services by Category - 1984/85 to 1986/87	49
Table 4	Number of Persons on the Waiting List for Personal Care Homes - At End of March 1984 to 1987	50
Table 5	Percentage of Persons Waiting List Receiving Home Care Pending Placement - At End of 1984, 1985/86, and 1986/87	50
SECTION 5	**Dental Services**	
Table 1	Dental Services: Number of Children Eligible and Treated, and Percent Utilization by Year of Birth (1971 to 1979) - July, 1985 to June, 1986	51
Table 2	Dental Services: Number of Children (Birth 1971 to 1979) Eligible and Treated, and percent Utilization by District - July, 1985 to June, 1986	51
Table 3	Dental Services: Number of Services Provided by Manitoba Children's School Based Dental Program by Year of Birth (1973 to 1979) - 1986/87	52
Table 4	Dental Services: Preventive Dental Public Health Services Provided as Part of the Manitoba Children's Dental Program - July, 1985 to June, 1986	53
Table 5	Dental Services: Number of Services Provided by Manitoba Dental Association Program by year of Birth (1973 to 1980) - 1986/87	54
PART IV	**PROVINCIAL GERONTOLOGIST**	
Table 1	Support Services to Seniors Program Number of New Projects by Region and Year - 1984/85 to 1986/87	55
Table 2	Support Services to Seniors Program Total Number of New Projects by Type and Region - 1984/85 to 1986/87	55

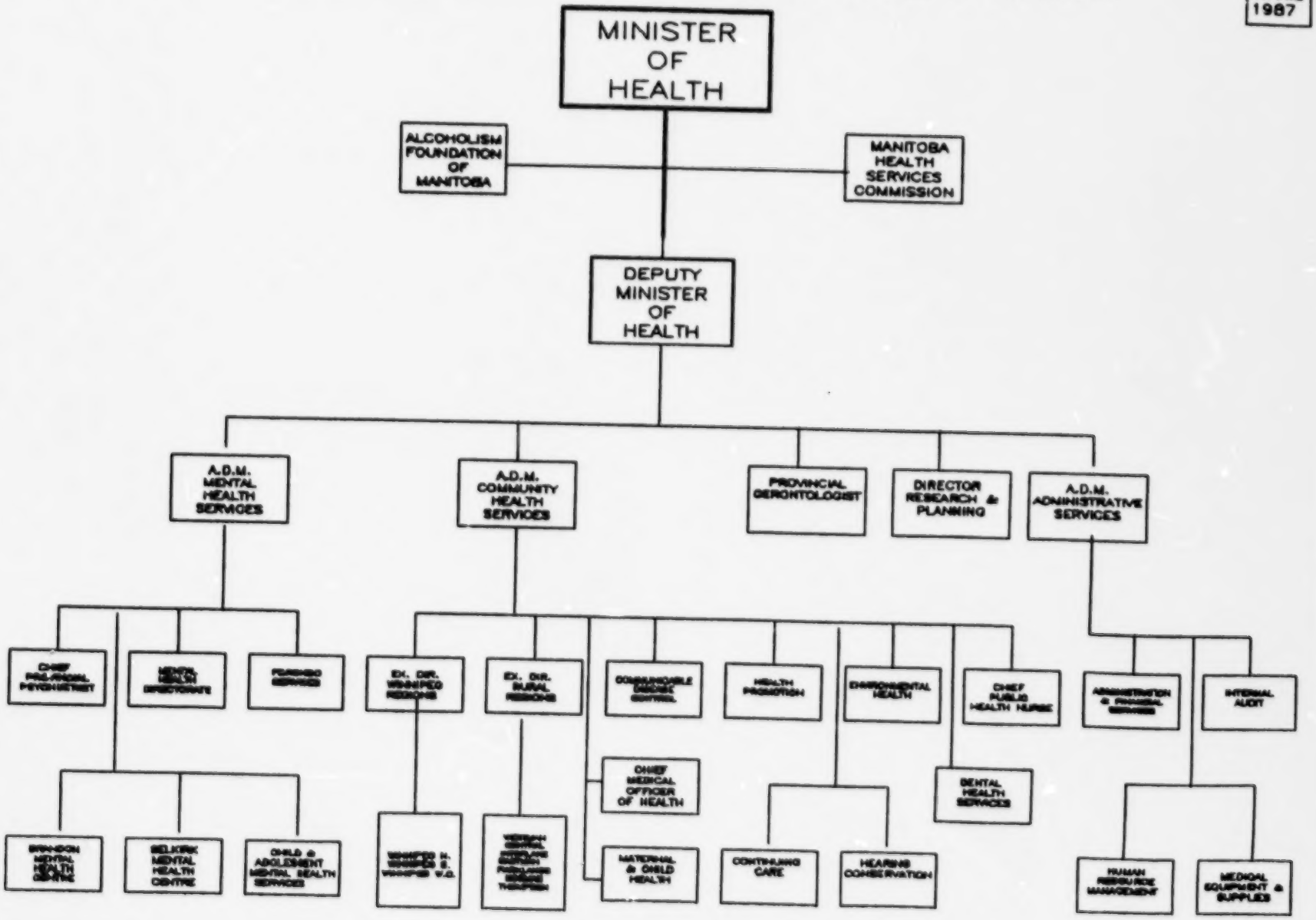
STATISTICAL APPENDIX

TABLE OF CONTENTS (Continued)

		Page
PART V	**MENTAL HEALTH SERVICES**	
SECTION 1	**Institutions**	
Table 1	Mental Health Centres: Admissions and Separations by Institution - 1984 to 1986/87	56
Table 2	Mental Health Centres: Average Daily Patient Population by Institution - 1982 to 1986/87	57
Table 3	Mental Health Centres: Average Length of Stay for Discharges by Institution - 1982 to 1986/87	58
Table 4	Mental Health Centres: Out-Patient Caseload Movement - 1986/87	59
Table 5	Mental Health Centres: Out-Patient and Out-Patient Contacts - 1986/87	59
SECTION 2	**Community Mental Health**	
Table 1	Community Mental Health: Caseload Movement by Region - 1986/87	60
SECTION 3	**Forensic Services**	
Table 1	Adult Forensic Services: Number of Patients Seen - 1985 and 1986/87	61
Table 2	Children's Forensic Services: Number of Referrals by Category - 1985 to 1986/87	61
SECTION 4	**Child and Adolescent Mental Health Centre**	
Table 1	Winnipeg Child Guidance Clinic: Caseload Movement - School Year 1981/82 to 1985/86	62
Table 2	Community Psychiatric Services for Children: Rural-Total Cases - 1982 to 1986/87	62
	Expenditure Summary Information - April 1, 1986 - March 31, 1987	63
Table 1	Manitoba Health - Departmental Expenditure Summary	63
Table 2	Manitoba Health - Expenditure Summary - Appropriation 21-1	64
Table 3	Manitoba Health - Expenditure Summary - Appropriation 21-2	65
Table 4	Manitoba Health - Expenditure Summary - Appropriation 21-3	67
Table 5	Manitoba Health - Expenditure Summary - Appropriation 21-4	68
Table 6	Manitoba Health - Expenditure Summary - Appropriation 21-5	69
	Manitoba Health Expenditurte Explanations	70

MANITOBA HEALTH — ORGANIZATION CHART

APRIL 1987



ADMINISTRATIVE SERVICES DIVISION

The Administrative Services Division is composed of five integrated branches: Administrative and Financial Services, Human Resource Management Services, Internal Audit, Medical Supplies and Home Care Equipment, and Information Resources.

The major responsibility of the division is to coordinate the financial planning for the department. This involves ongoing liaison with program and operational divisions in order to promote the most efficient use of available resources.

The division maintains a central information resource centre and a warehousing and distribution operation for medical equipment and supplies. The development and administration of departmental funding for external agencies is also included within this division. The division provides a range of services aimed at improving the operational efficiency of the department and increasing cost effectiveness while enhancing service delivery to the public. These services include comprehensive operational reviews and internal audits.

ADMINISTRATION AND FINANCIAL SERVICES

This branch manages the internal financial affairs of the Department, administers funding to external agencies, provides health library services including film and publication distribution, and coordinates support services to meet departmental operating requirements.

In cooperation with the Department of Finance, this branch continued to participate in the development of a strategic program and financial management project. This pilot project is expected to significantly improve the department's reporting of program and financial information.

Through central financial planning and cooperation, the Program Budget Review Section controls the Department's financial resources, facilitates the development of the annual estimates, conducts financial analysis, and provides financial reports to senior management and central government.

The Financial Services and Operational Support Services section is responsible for the payment of accounts, the collection of revenue, the processing of the departmental homemaker payrolls, and operations support to the Department.

Operational Support Services facilitates the planning, acquisition and management of departmental office space, vehicles, and equipment. This section also coordinates the implementation of Records Management consistent with the overall policy and directives issued by the Provincial Archives. The Operational Support area is actively involved in developing systems in preparation for proclamation of the Freedom of Information Act.

The Agency Relations section is responsible for determining appropriate funding conditions and administering funding to external agencies consistent with the provisions of the Financial Administration Act and related directives.

The Health Information Resources section provides information, referral and advisory services to departmental staff, other government departments, external agencies as well as the general public. This section includes the Anna E. Wells Memorial Library and the Health Resource Centre. The library has collections, researches and loans technical reference materials on health and social service subjects. The Health Resource Centre loans films, package programs, and other visual materials as well as distributes printed resources supporting departmental programs and services.

HUMAN RESOURCE MANAGEMENT SERVICES

This branch provides a support service to the Department, including the Mental Health Centres, through a comprehensive program of human resource management activities designed to ensure an optimal level of human resources to meet the objectives of the Department. Services provided include recruitment and selection under a Delegation Agreement with the Civil Service Commission, position evaluation and classification, pay administration and payroll, labor relations, and human resource development. In addition, the branch provides management and staff with the consultation and interpretation of human resource policies, legislation, and collective agreements, and develops and implements departmental human resource policies and procedures.

During this fiscal year, the name of the branch was changed to Human Resource Management Services. Training functions of the former Human Resource Development Unit were transferred to the branch to provide closer links of all elements of human resource programming.

Affirmative Action continued to be a major emphasis in all human resource activities. Targets set for recruitment of natives, disabled, visible minorities and women were met. Special outreach efforts through agencies representing target group members have been initiated. Although applicants for employment may voluntarily complete a self-declaration form to designate their status as an Affirmative Action target group member, many applicants are not doing so. The Branch is currently examining ways to address this problem. Strategies to enhance career advancement of women in clerical support categories have been identified including the relaxing of qualification requirements which has resulted in the promotion of 60 women out of clerical positions.

An important component of this year's activity has been the implementation of the Effective Performance Management Program in conjunction with Maniotba Community Services. This involves training managers and orienting all staff to the program. Training activities will carry forward to the next fiscal year. Meeting the demand for management and supervisory training continues. Two new training programs were added this year to meet specific needs of employees in the Home Care Program.

Collective bargaining began for a first collective agreement for Home Care Attendants employed in the Home Care Program in Winnipeg. As negotiations commenced late in this fiscal year, major activity in this area will continue into 1987. Labor/management consultation and negotiations also commenced regarding employee status and benefits as the movement of patients and staff from the Mental Health Centres to the Rideau Park and Thomas Prince personal care homes occur in 1987 and 1988 respectively.

INTERNAL AUDIT

The Internal Audit Unit is responsible for the provision of operational and financial system reviews. These reviews are aimed at identifying areas for improvement to contribute to the economy, efficiency, and effectiveness of the area under study. The functions of the unit are consistent with guidelines approved by Treasury Board and Manitoba Finance relating to internal audit. All organizational units within the department are subject to review on both a systematic and request basis as approved by the Departmental Audit Committee.

During the past year Internal Audit completed a number of departmental audits including: Pharmacy Unit of the Brandon Mental Health Centre, Pharmacy Unit of the Selkirk Mental Health Centre, repair shop function of Medical Equipment and Supplies, Vehicle Utilization, as well as special assignments related to program and administration activities.

MEDICAL SUPPLIES AND HOME CARE EQUIPMENT

The Medical Equipment and Supplies Branch is responsible for the acquisition, warehousing, distribution and repair of a variety of medical supplies and equipment. The program is primarily delivered through the Winnipeg office and has two rural depots located in Brandon and Dauphin. The supplies and equipment provided by this branch facilitate patient home care which reduces long hospital stays.

Medical Supplies include about 350 different supply items. They are distributed to Manitoba residents in support of the Provincial Home Care and Public Health Programs. Statistics for 1986 indicate an increase of 37.9 per cent in client services over 1985.

There are approximately 125 different medical equipment items such as bathroom and toilet aids, bedroom furnishings, and support and mobility aids. These are loaned from individual branches; on request from a medical practitioner. The number of clients receiving this service increased 10.7 per cent, 15,406 clients served in 1986 compared to 13,920 clients in 1985.

Oxygen concentrators are provided to individuals who require oxygen in accordance with certain medical criteria. Since the program expanded greatly over the last year there was a need to purchase 80 additional oxygen concentrators and 200 additional nebulizing compressors. Statistics indicate an increase of 27.1 per cent, from 155 clients in 1985 to 197 clients in 1986.

Stoma care products are provided to ostomate clients who have registered with the program. In addition, the program employs two enterostomal therapists who act as consultants in meeting the varied needs and problems of clients. In 1986, there was a 5.4 per cent increase in clients served over the previous year.

This branch also administers the acquisition of standard and electric wheelchairs for the Manitoba Wheelchair Services Program. Distribution and repair services for the wheelchair are provided through the Society for Manitobans with Disabilities Incorporated. Increased service demands in 1986 required the purchase of 140 additional standard wheelchairs.

During 1986, the branch went through a period of reorganization to facilitate the increased service demands. Job functions and positions were reviewed to facilitate a more efficient warehousing and delivery system.

With the division of Winnipeg regional districts, a reorganization of the branch's delivery pattern was implemented to improve efficiency.

In total, 55,518 units of services were provided to clients, representing an increase of 5.8 per cent over the previous year.

INFORMATION RESOURCES

The Health Information Resources section provides information referral and reference services to departmental staff, other government departments, educators, as well as to the general public. This section includes the Anna E. Wells Memorial Library and the Health Resource Centre. The library collects, researches and loans technical reference materials on health and social service subjects. Responses to over 2,931 reference requests were delivered in 1986-87. The Health Resource Centre loans films, package programs, and other audio-visual materials, and distributes printed resources which support departmental program and services. Over 755,256 publications and 12,000 films were distributed this year.

During this fiscal year, the Health Resource Co-ordination Advisory Committee was established to examine policies, procedures, resource priorities and resource purchases for the Information Resource Unit. Members representing various provincial community health programs were appointed by the Assistant Deputy Ministers.

COMMUNITY HEALTH SERVICES

This division is responsible for program development and support services for the programs of Manitoba Health as well as the health service delivery system provided through regional offices.

Program directorates are responsible for providing leadership in the development of community health programs, the establishment and maintenance of program standards, professional consultation to staff as well as staff training and development.

The division is also responsible for fostering understanding about community health among all sectors of the health system. A conference, Choices and Challenges in Public Health, was organized by a committee co-chaired by Manitoba Health and City of Winnipeg with representatives from Community and Northern Medicine, University of Manitoba; Medical Services Branch, Health and Welfare Canada; and Victorian Order of Nurses. The two-day conference included sessions on the topics of issues and trends in public health, family violence, and loss and grieving. The conference provided an opportunity for health professionals from a variety of public health backgrounds to interact, share ideas and look closely at how these global issues affect their professions and their personal lives.

A banquet celebrating over 70 years of public health nursing in Manitoba was held in conjunction with the conference.

REGIONAL OPERATIONS

For administrative and service delivery purposes, Manitoba is subdivided into 10 regions. During the past year, the Winnipeg Region was divided into three regions closer in population size to others in the province, and better able to respond to the needs of the communities.

Regional offices provide a wide range of community based health and social services. These include services in the following areas: communicable disease control, audiological services, maternal and child health, health promotion, health education, home economics, services to seniors, home care, community mental health, dental health, environmental health, child welfare, mental retardation and rehabilitation, and medical consultation.

In each of the ten regions, the health service delivery system is administered by a Regional Director who is responsible for the administration and delivery of field services of Manitoba Health and Manitoba Community Services.

Regional Directors report to the Executive Director(s) of Regional Operations. Program and fiscal control for health programs come within the jurisdiction of Manitoba Health. Program and fiscal control for social service programs come within the jurisdiction of Manitoba Community Services. Both departments maintain central office program directorates which have responsibility for development, standards control, monitoring, technical support and financial control of their programs. These specialized program units work directly with the regional field system to provide direction and support to the services delivery component.

The Executive Director of Regional Operations works closely with Regional Directors to promote departmental objectives including the identification and establishment of methods of solving problems related to program delivery.

COMMUNICABLE DISEASE CONTROL DIRECTORATE

The goal of the Manitoba Communicable Disease Control (MCDC) is to minimize the adverse effects of communicable diseases on the health of Manitobans. Primary prevention or total avoidance of communicable diseases is achieved through an active immunization program. When an infection is present but asymptomatic, secondary prevention or prevention of disease progression is attained through passive immunization programs such as the provision of immune globulin for hepatitis A and the treatment of sex contacts of gonorrhea and syphilis. Tertiary or curative measures are initiated when disease outbreaks occur. Reports of diseases of public health significance are fowarded by health care personnel in the province to Communicable Disease Control for appropriate action. In addition, these reports become part of provincial, national and international statistics, and as such contribute to the ongoing global surveillance of communicable disease.

Significant progess has been made in the control of communicable diseases. Examination of life tables show that individuals born 40 - 50 years ago, experienced a substantial reduction in life expectancy as a consequence of the serious communicable diseases of infancy. Current preventive measures to combat these infectious diseases have succeeded in securing dramatic improvements in life expectancy of babies born today. Although this achievement is significant, these gains can only be maintained through continuing existing programs and developing new programs to meet the ever-evolving patterns of communicable diseases. Challenges range from the elimination of familiar diseases like measles to developing appropriate strategies to prevent the transmission of Hepatitis B from an infected mother to her newborn and to motivating individuals to change their life-style to control the spread of the Human Immunodeficiency Virus.

Immunization and Vaccine-Preventable Illnesses

Most biologics are provided free of charge to Manitobans by Communicable Disease Control. Often several of the immunizing agents are combined for ease of administration:

- **Diptheria, Pertussis, Tetanus (DPT)** - DPT vaccine is recommended for all children and boosters are encouraged for adults. Although diphtheria and tetanus are extremely uncommon in Manitoba, the agents that cause these diseases persist in the environment. Therefore, ongoing immunization programs are essential to prevent disease. Pertussis (whooping cough) outbreaks continue to occur and can be associated partly to inadequate immunization coverage.

- **Poliomyelitis** - There have been no reported cases of paralytic polio in Manitoba for several decades. This can be attributed primarily to the poliovirus immunization program. The poliovirus has not been eliminated and unimmunized individuals remain susceptible to this disease. Therefore, Manitoba Health continues to recommend a series of oral poliovirus vaccine for all children with boosters for adults in certain risk categories.

- **Measles, Mumps, Rubella (MMR)** - The MMR vaccine is recommended for all children at 12 months of age. All 11 or 12 year old girls and women not known to be immune to rubella are also advised to receive rubella vaccine. Manitoba Health has been working cooperatively with the Manitoba Education on a measles elimination program. Measles immunization is ideally given at 12 months of age and is now a prerequisite for school entry in Manitoba. Non-immune students are excluded from school if a case of measles occurs in that school. A large outbreak of measles occurred in Manitoba in 1986. During this epidemic, approximately 3,000 children acquired natural immunity by contracting measles and hundreds were immunized. It will be necessary to maintain very high immunization levels if future outbreaks are to be avoided.

- **Rabies** - Rabid animals continue to be reported from the southern parts of the province and there is now evidence of rabies activity in the north as well. Rabies vaccine is recommended for persons at ongoing risk of exposure to potentially rabid animals. It is also given to persons after exposure to such animals.

- **Hepatitis B** - Manitoba Health supplies hepatitis B vaccine to newborns of infected mothers, to sex contacts of people with acute cases of this disease, and to persons who sustain a needle stick exposure to hepatitis B.

- **Manitoba Immunization Monitoring Service (MIMS)** - This program is designed to provide population-based surveillance of immunization in Manitoba. This program has expanded to include all parts of the province with the exceptions of Thompson region, most of Winnipeg region, City of Winnipeg, and Federal Indian reserves. This computerized program is being transferred from mini-computers to a mainframe and will be expanded to include the areas presently excluded as well as the school-aged population. It is anticipated that MIMS will provide population-based immunization levels as well as allowing us to retrieve individual-specific immunization information.

- **Hepatitis A and Shigella** - Water-associated diseases like hepatitis A and shigella remain an ongoing concern although major outbreaks were not reported this year.

- **Disease Outbreaks in Day Care Centres** - With the advent of child care centres for preschool children, specific communicable disease risks for this age group have significantly increased. The burden of communicable disease can be kept to a minimum only by the centres practicing scrupulous hygiene and observing appropriate control measures in the event of an outbreak. More specific guidelines for the management of communicable diseases in day care settings are in progress.

- **Rheumatic Fever** - Persons who have had rheumatic fever, particularly if the heart was involved, often need to be on drug prophylaxis (usually penicillin) to prevent recurrence of this disease. The drugs are provided free of charge through this program.

- **Life Saving Drug Program** - This program is designed to provide medication to those persons who require drugs for life sustaining purposes but who cannot afford to purchase them.

Sexually Transmitted Disease Control

The goal of the Sexually Transmitted Disease Control Program is to reduce the incidence and prevalence of sexually transmitted diseases (STD) and their complications. The two notifiable diseases under provincial regulations are gonorrhea and syphilis. Surveillance programs for Chlamydia trachomatis and Herpes simplex viral infections have provided this department with a better understanding of the incidence and complications of these infections. Acquired immunodeficiency syndrome (AIDS) and C. trachomatis infections were recommended as additions to the list of reportable diseases.

The STD Control office reviews and assesses each report received to ensure that cases and their contacts have been appropriately treated.

The Central Registry allows for prompt investigation of cases and their sex partners. It eliminates duplication of services by ensuring that only one jurisdiction is involved with a case or a contact at one time. The Central Registry allows for tabulation of statistics and for the identification of high-risk groups. These data further contribute to program planning.

The reported incidence of gonorrhea in 1986 decreased by approximately 5 per cent compared to the previous year. Syphilis has maintained levels comparable to 1985. Five cases of penicillinase-producing Neisseria gonorrhoeae were identified. All five infections were quickly contained and no spread in Manitoba was identified. Of the 919 positive serological reports of syphilis received from the Cadham Provincial Laboratory, 196 were not known to the STD Division and required indepth investigation to rule out the possibility of an infectious disease.

Information updates for professionals on the management of sexually transmitted diseases remains one of the most important activities of this branch. Total management of cases and contacts requires the combined efforts of physicians, nurses and laboratory technologists. Lectures on the management of the major sexually transmitted diseases were provided to 436 students nurses in various nursing programs and 252 post-graduate nurses. Three courses prepared 42 community and institution nurses in the advanced methods of patient-interviewing and contact-tracing.

Information sessions on AIDS virus infections prepared 527 health care professionals and 68 individuals to provide pre-test and post-test counselling for individuals contemplating having the test for AIDS antibodies.

The STD Control office continues to receive positive laboratory results from all the credited laboratories. The STD office then notifies each attending physician to provide the information and to collect pertinent data. This program has resulted in physicians reporting approximately 97 percent of all positive laboratory-confirmed infections.

The STD branch addressed the many issues of AIDS virus infections through workshops, in-services, establishment of counsellors, preparation of legislation, and public information to orchestrate a realistic approach. Fifteen cases of AIDS were reported in 1986.

Recognizing that AIDS virus infections cause concern in the professional, lay, and at-risk community, this section meets continually with various government departments, all regions, institutions and community mental health groups in order to orchestrate an objective, realistic approach to this problem.

Food Protection Operations

Food protection programs are designed to provide all Manitobans with the highest possible level of protection from unsafe or unwholesome foodstuffs. This objective is obtained by:

- Detecting and controlling microbiological, chemical and physical contamination in the production, processing, packaging, marketing and service of all food products;
- Resolving food related complaints and enquiries;
- Investigating suspected food-borne disease outbreaks and ensuring that appropriate remedial action is taken;
- Developing and presenting educational programs to the food industry, educational institutions, regulatory agencies and the public;
- Providing technical support service to the food industry and regulatory agencies;
- Developing and monitoring food regulations and their field applications.

In cooperation with the Cadham Provincial Laboratory, arrangements are made to conduct bacteriological and other tests on food samples submitted as a result of suspected food-borne disease, specific complaints, and as a part of a monitoring program of potentially hazardous food groups. A screening and interpretation service in this area is provided. Testing priority was given to the ready-to-eat foods with meat or poultry ingredients. Emphasis was also placed on foods displayed for self-service in food service establishments and retail food stores.

A general safety and quality assessment service for all food items, equipment and processes was provided, including the investigation of food-borne disease outbreaks. Continuing efforts were made to improve the reporting and investigation of food-borne disease incidents, co-operatively with the related agencies. The prime concern is to avoid further incidents by ensuring that preventive measures are taken by the responsible parties and the necessary food sanitation training takes place.

As food is commonly involved in the transmission of Salmonella organisms, responsibility for the epidemiological investigation of reported cases has been undertaken. The utilization of field contact persons in this program has resulted in an improvement in the response time and investigation detail.

Leadership was continued in chairing a committee of industry, consumer and regulatory agency representatives which was formed to examine and recommend action to reduce the Salmonella problem in foods.

Particular attention was given to ensuring that all reported complaints are investigated fully and that the results are provided to the complainant. Foreign material such as glass, metal and insects in foods are continuing to be reported. Preventive measures are ongoing with the food manufacturing and processing industry in an effort to reduce these occurrences.

Special projects were undertaken to provide the retail food store industry with technical and administrative assistance for dealing with food tampering incidents and to develop more effective personal hygiene posters for food handling establishments.

Thirty-one rural slaughterhouses were operating, with inspection and approval of animals for health/safety provided under the Federal/Provincial Domestic Meat Inspection agreement. One poultry plant is included in this program.

Leadership and direct participation in food industry education programs in co-operation with industry organizations and other control agencies was provided. Programs were directed to food service operations, meat processors, retail food stores, educational institutions, and consumer groups.

As part of a communicable disease outbreak investigation team, increased food inspection and sanitation training was provided to personal care institutions.

MATERNAL AND CHILD HEALTH DIRECTORATE

The Maternal and Child Health Directorate provides leadership in the development, coordination, and evaluation of programs which promote and maintain the health status of infants, children, and adults in childbearing and childrearing years. Programs are developed in the areas of reproductive/preconceptual, perinatal, and child health. The directorate provides consultation and support services to departmental and to community agency staff. An advisory committee to the directorate meets regularly and provides interdisciplinary direction.

In all of the program areas, the staff continued an on-going review and selection of publications and audiovisual resources appropriate for use by health and education service providers. New teaching and client information resources on a variety of topics were developed and distributed. Over the past year, emphasis was placed on identifying existing educational and reference materials for use with ethnic and cultural groups.

The directorate has articulated a philosophy of maternal and child health and has established program goals and objectives. Program standards which describe the services to be delivered are being developed.

Preconceptual Health

The reproductive health promotion program provides information and resources to assist people in their reproductive years to attain optimal reproductive health status prior to pregnancy. The program components are directed to youth, parents, and health professionals and include public awareness activities, community education, counselling and clinical services.

During this fiscal year, the reproductive health resource catalogue of audiovisual, publications, and teaching kits was updated and re-distributed. Two provincial meetings on reproductive health issues were held.

A Directory of Services for Pregnant and Parenting Teenagers, with accompanying pamphlet and poster, was developed and distributed to providers of health and social services and to educators throughout the province.

The directorate provided in-service and consultation to regional staff, school counsellors, educators, and other health professionals. The reproductive health outreach workers at community health centres in Winnipeg held regular meetings with the directorate to plan a coordinated outreach program.

Aggregate information on service delivery across a variety of settings was complied and published. Consultation and funding were provided for a collaborative survey by Manitoba Health and Manitoba Education of adolescent health behavior in the Thompson region. The staff continues to act in an advisory capacity to agencies and groups funded by the directorate: The Committee on Unplanned Pregnancy, and The Facts of Life Line.

Family planning counselling and supplies continued to be provided through community health settings.

Perinatal Health

In 1986-87, a resource manual for perinatal education which contains course content, references, teaching strategies, and client handouts was developed. It will be available in mid-1987 to public health offices, childbirth educators, and hospitals. The manual will be accompanied by a resource catalogue listing audio-visual, publications, and teaching kits on perinatal health.

The directorate facilitated the province-wide implementation of the Manitoba Postpartum Education Program. Recommendations arising from an evaluation of the program were reviewed. Implementation strategies for the recommendations are being defined.

The directorate implemented a postpartum and an infant assessment and referral process, which includes a standard form, guidelines and an information system.

A review of the postpartum health services provided by Manitoba Health staff was undertaken. As a result, a revised model for the coordinated delivery of perinatal services was developed and will be implemented over the next fiscal year.

Child Health

During this fiscal year, the scoliosis screening program review resulted in a refocusing of public health nursing activity into public education. Supporting resources have been developed and distributed. Staff orientation to the revised focus has been provided in all regions.

A review of the developmental assessment services for infants and preschoolers was completed and the standard for service delivery was developed. The appropriate staff in-service was undertaken.

Educational resources for use in child health and parenting programs were selected and distributed. A catalogue of child health and parenting education resources and a directory of services for parents in Manitoba were in the planning stages.

Data collection for a three-phase project to evaluate the child health clinics in the three Winnipeg regions was completed.

The directorate actively participated in interdepartmental and interagency initiatives in the areas of child health, child abuse, and special needs children.

Congenital Anomalies Registry

The directorate continues to maintain a central registry of congenital anomalies. These data provide a surveillance and documentaton function and are reviewed on an ongoing basis by the Section of Clinical Genetics, University of Manitoba.

HEALTH PROMOTION DIRECTORATE

The Health Promotion Directorate plays a major role in the development of programs aimed at influencing positive health attitudes, knowledge and lifestyle behavior.

Cardiovascular Health Promotion

Cardiovascular disease is a major cause of death and disability in Manitoba, accounting for over 7000 potential years of life lost in 1986 (Manitoba Vital Statistics). The goal of the Cardiovascular Health Promotion Program is to reduce cardiovascular disease-related morbidity, disability and premature mortality in Manitoba. Manitoba was the first province in Canada to recruit a full time coordinator for a cardiovascular health program.

The major function of the program is to integrate and coordinate cardiovascular health activities throughout Manitoba. Typical activities include: liasion with other government and non-government organizations to encourage co-operative "heart - health" initiatives; "healthy lifestyle" education in schools provided by public health nurses and health educators; education and follow-up of those with hypertension by community nurses; follow-up of patients after cardiac surgery, heart attack or stroke by public health and continuing care nurses; nutrition education to reduce cardiovascular disease risk; cardiovascular health information provided by fitness leaders; and preliminary work on a resource manual for cardiovascular health promotion.

Resource development and mass media activities are planned for 1987/88 to relay healthy lifestyle messages and provide information on risk reduction to Manitobans. Community-based demonstration projects focusing on physical activity, nutrition, non-smoking and hypertension control are also planned.

Nutrition Section

The goal of the nutrition program is to influence Manitobans to improve and maintain their health by establishing healthy eating habits and healthy weights early in life and maintaining these throughout their lives.

Pregnant and post-partum women continue to be a priority for the nutrition program. Strategies include regular prenatal nutrition classes, special prenatal classes for single/adolescent pregnant women and native women, and prenatal risk assessment for early identification and management of those women at risk of poor nutrition.

An increasingly important priority is the reduction of the risk of heart disease. The nutrition section supports the initiatives of the Cardiovascular Health Section to address this priority. New initiatives include a series of nutrition and lifestyle workshops, production of educational materials designed to inform Manitobans about the importance of healthy eating habits for heart health, and the incorporation of weight control advice into smoking cessation programs.

Elementary school age children and adolescents are also a major focus of education because nutrition habits related to poor health are formed early in life and are increasingly difficult to change later in life.

Fitness Section

Currently, 53 percent of Manitobans fifteen years and over engage in regular exercise. It is the objective of this section to raise this to 60 percent over the next five years.

Fitness programs support a number of other health promotion initiatives, including the Directorate's cardiovascular health program. Of the three lifestyle factors which can reduce the risk of cardiovascular disease (smoking reduction, diet, and exercise), fitness is the most immediately self-reinforcing. While nutritious diets and smoking reduction take time to be rewarding, exercise provides immediate gratification for individuals. Because it is enjoyable, it can serve as an incentive for other positive health behaviors.

To date, a key strategy has been to inform the public about the health benefits of regular exercise. However, recent studies suggest that lack of knowledge is no longer the most important impediment to fitness. Instead, the perceived barriers are lack of time and opportunity suggesting the need for interventions at a more personal level. The directorate has, therefore, begun to shift towards a community mobilization strategy capable of providing such interventions. This strategy has a number of components.

The first component is the training and accreditation of fitness leaders who conduct fitness and healthy lifestyle programs throughout Manitoba. This program is delivered in co-operation with the University of Manitoba.

The second major component is support for a series of community-based fitness activities. A pilot project sponsored by the Interlake Health Advisory Board was initiated in March of 1987 in the Interlake Health Region. The project consisted of a major conference focusing on healthy

lifestyles. The expected outcome of the conference was to establish community-based voluntary health promotion activities.

Other components of the strategy include support to small businesses for health promotion in the workplace, fitness leadership development for seniors, consultation and coordination. During this fiscal year, this section co-sponsored a major employee fitness seminar, together with the Winnipeg Chamber of Commerce, Canadian Chamber of Commerce, The University of Manitoba, City of Winnipeg, and the YM/YWCA. Fifty-five businesses participated in this seminar.

Services to Seniors

Services to Seniors provides organizational and community services to help older persons and seniors organizations throughout the province. Services are primarily directed towards the development of multi-service senior centres and support services to seniors community projects.

There are presently twelve operational senior centres in Manitoba, eight in Winnipeg and one each in Brandon, Selkirk, Winkler and Portage la Prairie. A senior centre in Dauphin is in the developmental stages.

Fifty-six community-based projects have been funded and are providing services. These projects are owned and operated by the community with the goal of helping seniors maintain independent lifestyles. Services include meal preparation, transportation, home maintenance, telephone reassurance, and friendly visiting.

Under this program, Manitoba Health may provide communities with financial assistance to subsidize a required direct service. Communities can also develop community resource councils which are supported through staff consultation and funding assistance.

Manitoba Health supports both senior centres and community resource councils which become the service delivery focus in communities wishing to co-ordinate a variety of supportive services to older Manitobans or other individuals in the community.

Services to Seniors is developing a special health promotion consultation service for organizations and communities that want to initiate health promotion projects for seniors. This service is offered by raising community awareness about wellness issues and assisting in the formation of community groups to address identified concerns. Several projects have already been initiated with more being anticipated.

Diabetes Education Program

The Manitoba Diabetes Education Program was established in 1985 as a new initiative of the Health Promotion Directorate. The goals of the program are: to provide persons with diabetes and their families access to adequate education to assist them in making informed choices and behavior changes consistent with healthy diabetes lifestyle; to improve diabetes knowledge, skills and attitudes of health professionals who deliver health care to persons with diabetes, and to facilitate access to resources for primary prevention of Type II obese diabetes within the general public.

To accomplish this mandate, eight Diabetes Education Resource Centres (DER) were established and are in full operation. At each centre, a nurse and dietitian provide a comprehensive education program along with reassessments and follow-up. Basic program standards and protocols have been implemented in each centre and are continuously monitored. A continuing education update program for DER staff contributes to enhancing the knowledge and expertise of DER staff.

Two major educational packages have been developed. The Diabetes Education Program Manual for Health Professionals for use by DER staff, Manitoba Health staff and health professionals in institutions and organizations, ensures that all Manitobans receive consistent, updated diabetes information. An audio-visual package, Learning about Diabetes - A Resource for Native People, was developed for use by community health workers, public health nurses and other diabetes educators in Manitoba.

Future program directions include expansion of services provided to ensure service in all regions of the province.

Health Education - Smoking Reduction

The Smoking Reduction section continued activities to reduce smoking among children and youth and addressed the issue of second hand smoke. Smoking reduction was identified as a key initiative in support of the cardiovascular health program.

A children's Magical Smoking Prevention Show was provided to 55 schools and approximately 5,000 students in Grades 4 to 6.

The Break Free media campaign was conducted for a total of six weeks in October, November and January.

National Non-Smoking Week activities promoted the Break Free theme and addressed the second hand smoke issue. Activities consisted of dissemination of information and educational materials on active and passive smoking. Other activities included displays, competitions and contests.

A survey of Manitoba Health employees was conducted to evaluate the effectiveness of Manitoba Health's voluntary non-smoking in the workplace policy.

The program also continued its collaborative efforts with the National Program to Reduce Tobacco Use and the Manitoba Interagency Council on Smoking and Health.

HEARING CONSERVATION PROGRAM

The Office of Hearing Conservation is responsible for the development and implementation of the hearing health program in Manitoba. This includes such services as hearing screening, diagnostic audiologic assessment, hearing aid evaluation and fitting, and auditory rehabilitation.

The objectives of this program include the prevention of hearing loss whenever possible, early detection and rehabilitation of hearing loss, and the investigation of techniques designed to achieve these goals.

Hearing Centres are located in each of the eight health regions. Specific locations include Portage la Prairie (Central); Beausejour and Steinbach (Eastman); Selkirk (Interlake); The Pas (Norman); Dauphin (Parklands); Thompson (Thompson); Brandon (Westman); Concordia Hospital, Deer Lodge Centre, Seven Oaks Hospital, and Victoria Hospital (Winnipeg). Each Hearing Centre is staffed by a professional audiologist and, in some regions, by an audiometrist who assists the audiologist in the provision of services. All Hearing Centres are equipped with the necessary diagnostic equipment to assess hearing sensitivity and evaluate hearing aid performance. In addition, portable test equipment is available to provide assessment services at locations outside the Centre.

The activities of the Office of Hearing Conservation can be grouped into three general categories: clinical, educational and administrative.

The major clinical activity of the program has been the provision of hearing screening services and diagnostic assessments for all age groups. During this fiscal year, 35,396 children were screened for potential hearing problems. Approximately five percent were found to have hearing loss which required further assessment and/or medical treatment. In addition, 16,220 persons (all ages) were seen for diagnostic audiologic evaluation with 8,206 found to have some degree of hearing impairment. Otologic consultation was provided to approximately 1,600 persons, primarily pre-school and school-aged children.

The Office of Hearing Conservation, in cooperation with the Manitoba Speech and Hearing Association and Manitoba Environment, Workplace Safety and Health, continues to coordinate and provide the necessary coursework, training and supervision for the certification of industrial audiometric technicians. The Industrial Audiometric Technical (IAT) course was offered on three occasions and was attended by 49 individuals from various occupational settings. Hearing Conservation program staff continued to offer consultation regarding the implementation of the current Provincial regulation respecting noise control in the workplace.

Lectures and workshops specific to hearing, hearing impairment, hearing aids and noise control were presented upon request to physicians, nursing staff and students, teaching and other professionals and community groups.

In keeping with the objective of providing comprehensive audiologic services in all areas of the province, a Hearing Centre was established in Steinbach for Eastman Region. This is the second such centre in the region and will facilitate service delivery.

Manitoba Health continues to provide funding in the form of a grant to Winnipeg School Division #1 to obtain audiology services from the Child Guidance Clinic. These services compliment those provided by the Hearing Conservation program to all other school divisions in the province.

Hearing Conservation also provides similar funding in support of a "Voice-Out" telephone exchange for the deaf. The telephone exchange, which is operated by disabled residents of Luther Home, enables persons with severe hearing-impairments to communicate their needs by way of a special telecommunication device for the deaf (TDD) to the hearing community.

In cooperation with the Winnipeg League for the Hard of Hearing, funding was provided for the continuation of lip-reading classes at the Kinsmen Centre in Winnipeg. These classes are held weekly and are open to any hearing impaired adult who wishes to participate.

Special opportunity bursaries were provided to two graduate students in audiology. Upon completion of their study program, these individuals will be available for employment with the Hearing Conservation program. Such financial assistance is intended to remedy the problem of availability of audiologists to staff regional centres, particularly in the North.

The Westman Elks Preschool Auditory Rehabilitation Program continues to provide services for hearing-impaired preschool children in the Westman Region. The program promotes a team approach to the development of individualized rehabilitation designed to meet the unique needs of each hearing-impaired child.

Hearing Conservation continues to administer and develop the High Risk Register for Infant Deafness. The register is designed to identify newborns who may be at risk for hearing impairment and ensure that appropriate audiologic evaluation takes place.

CONTINUING CARE PROGRAM

The Office of Continuing Care is responsible for the province-wide coordination of home care as well as the assessment for placement into personal care homes.

This office has responsibility for program direction and management including the establishment and maintenance of standards, program monitoring and evaluation, staff development, and liaison with other components of the health care system.

The program is delivered through the regional offices and sub-offices of Manitoba Health, and through five designated rural health centres. In Winnipeg there is also delivery through four coordinating hospitals. Short term services (under 60 days) are delivered through the Victorian Order of Nurses.

Home Care

The Home Care portion of the program provides an alternative to institutional care by assisting individuals who require support services in order to remain at home. The program also provides short term respite in the home as a support to families who are providing care, and arranges for respite care in hospital and personal care homes.

As a part of the Home Care program, the concept of independent living for the physically disabled is supported through special projects. Home support/home care attendant and orderly services are provided to individuals living in the community in specially modified apartments within an apartment building. There were 44 persons in these four projects in Winnipeg. Another eight persons were served by a similar project operated by The Luther Home. Development continued on a similar FOKUS Project for The Pas with the expectation of an August 1987 start date.

The Manitoba Home Care Orderly Service was introduced in August 1984 to meet the needs of the physically disabled and other Home Care clients who require assistance with personal care. The implementation committee of consumers, departmental and program staff continued to provide consultation on service delivery.

During this fiscal year, program staff participated with regional staff in the review of the service delivery of the program at both the area and regional level. There has been ongoing work with the Winnipeg Regions, the hospitals, and the Victorian Order of Nurses in order to facilitate the discharge of patients from hospital to the community. A province-wide review of high service special cases and of all cases where clients receive only household maintenance was undertaken.

Program staff continued to provide consultation and direction to departmental and community-based services in relation to Home Care and personal care home placement. There has been staff representation on several continuing and special committees concerned with program development, review, and recommendations related to support services for the elderly, special services for the younger disabled including the development of a self-management project, expansion of Adult Day Care, and hospital discharge planning. The Office of Continuing Care also chaired an interdepartmental working group on "homemaker" payroll issues which submitted a final report to the steering committee for implementation.

The Office of Continuing Care has supported the ongoing development of professional knowledge and skills through participation in planning annual inservices for Continuing Care Program Case Coordinators and Resource Developers, and through ongoing inservices for Regional Continuing Care Coordinators. Orientations to the provincial program for new regional field staff are held on a regular basis.

The program also supports the development of skills and knowledge for direct service staff through sponsorship to the Red River Community College training course for home care attendants and home support workers, and through ongoing in-services.

In 1986/87, the caseload for Continuing Care continued to grow. The year end Continuing Care caseload was 15,110 compared to 14,617 at the end of March 1986.

In 1986/87, 11,827 persons were admitted to the Home Care Program compared to 11,479 the year before. On admission to the home care program it was judged that if this service was not in place, 41 per cent of those admitted would have required acute care hospital. For another 5 per cent, the care level was extended care hospital, and for 29 per cent the equivalent would have been personal care home. There was no facility level equivalent for 24 per cent of admissions.

The number of persons discharged was 11,409 compared to 10,183 the year before. The largest group of discharges, 42 per cent, had improved to the point of being able to manage their own care. An additional 14 per cent could manage with the assistance of family and friends. The reason for discharge in 17 per cent of the cases was the death of the client. Another 13 per cent went to hospital and 8 per cent were placed in a personal care

home. The remaining 6 per cent were discharged for a number of reasons including a move to another province and referral to other programs.

The Home Care program recruits and provides casual employment in the community for professionals and paraprofessionals. In March 1987, the program employed 1,707 home support workers, 1,487 home care attendants, 47 daily workers, and 188 overnight workers; all to provide household maintenance and personal care services. The program also employed 270 registered nurses and 136 licensed practical nurses to provide nursing care in the home. These figures include the 116 home support workers and 105 registered nurses employed by the Victorian Order of Nurses to provide service in Winnipeg. Therapy is provided through Community Therapy Services of Manitoba.

The program continues to benefit from the contribution of volunteers who provide services such as friendly visiting, meals on wheels, congregate meals, daily telephone reassurance, and transportation to medical appointments.

Personal Care Home Placement

The most appropriate alternative for some individuals is care in a personal care home. During this fiscal year, 2,458 persons were panelled for placement. Despite the increasing number of elderly in the population, this number was down from the previous year. At the end of March 1986, there were 1,336 people on the personal care home waiting list compared to 1,510 the year before. The number of persons who are waiting for entry into a personal care home is at its lowest level ever. There were 1,732 first admissions to personal care homes during the year. At the end of March, 265 of the persons waiting for placement were receiving home care services and another 476 were in community with family supports. At the end of March there were 595 persons in hospital waiting for placement. This is a reduction from 703 the year before.

DENTAL HEALTH

The goal of Dental Health is to achieve an improvement in the oral health of all Manitobans. This involves four major activities; dental treatment, use of effective dental public health measures, dental health promotion and education, and research into dental public health problems. Dental Health is administered through district offices in Winnipeg (Eastern District) and in Brandon (Western District).

The Children's Dental Program provided dental treatment services to 50,591 children between six and 14 years. In the areas covered by the Children's Dental Program, all children aged six to 14 are eligible, with the exception of Portage la Prairie and Thompson where children aged six to 10 years are eligible.

The only areas not included in the treatment component of the Children's Dental Program are the cities of Winnipeg and Brandon. Brandon children receive the prevention component.

Children eligible to receive treatment under the program are assigned according to their residency to one of the two modes of treatment program

delivery. The Manitoba Dental Association provides for approximately half of the dental treatment on a fee-for-service basis using private practice dental offices. Manitoba Health's program provides school-based services utilizing dentists, dental nurses and dental assistants. The utilization rate of the school-based dental program continues to remain consistent at 85 per cent of eligible children in all age levels.

The utilization of the program delivered by the Manitoba Dental Association show an average of 79 per cent in the fiscal year ending March 31, 1986.

Additional statistical data on the delivery of the Children's Dental Program by the Manitoba Dental Association is contained the Statistical Appendix.

A comprehensive preventive dental program in schools is directed to students from kindergarten to Grade eight. Students in the primary grades (kindergarten to Grade 3) participated in the Daily Brushing Program at a greater frequency than students at the higher grade levels. Dental health education programs above the Grade eight level are provided on a request basis. Schools are encouraged to participate in the Weekly Fluoride Rinse program to include all kindergarten to Grade 12 students.

The preventive dental program has been expanded during this fiscal year to include the school divisions of Brandon, Dauphin-Ochre and additional schools in the Frontier School Division. The remote school districts of Mystery Lake (Thompson), Snow Lake and Leaf Rapids were also part of the expanded program. There are currently 61,301 children eligible for the preventive dental programs (classroom education, weekly fluoride rinse and daily brushing sessions).

Dental Health provides public health/preventive programs to senior citizen centres, to centres for the mentally handicapped and to child day care centres. Educational services are also provided to prenatal and postnatal classes, career days in schools, parent meetings, preschoolers, informational seminars, and teacher inservices. Staff is also actively involved in educational activities in conjunction with Dental Health month.

During this fiscal year, Dental Health provided funding for special grants to the St. Amant Centre, the Churchill Health Centre and the Swampy Cree Tribal Council in Northern Manitoba. The branch also continued to operate the water fluoridation program in a number of communities throughout the province. The Town of Melita and Village of Shoal Lake received funding to purchase equipment to fluoridate their water supplies.

In 1986-87, Manitoba Health provided bursary funding for dental nursing students. Five special opportunity dental nursing bursary students graduated from the dental therapy programs at Wascana Institute in June of 1986.

ENVIRONMENTAL HEALTH SERVICES

The Environmental Health Services program is primarily concerned with the assessment of the effects of environmental factors other than organisms, on human health. This is accomplished by facilitating the development of programs designed to monitor, control and regulate environmental factors that may affect the health of Manitobans. Response to health concerns involves gathering and disseminating information on environmental health

matters, collecting and tabulating numerical and epidemiological data and subsequently determinating the health risk from substances in the atmosphere, soil, food and water and those resulting from the physical environment such as radiation, indoor air, temperature and noise.

In 1986, staff activities included those related to asbestos fibres in drinking water, the treatment and disposal of sewage, and the treatment and distribution of drinking water. In addition, staff provided consultation on such matters as accidental chemical spills into rivers used as community water supplies, polychlorinated biphenyl (PCB) spills and the accidental discharges of other hazardous materials onto the soil, or into the air and water.

The director provided assistance and advice to Workplace Safety and Health in the capacity of the Provincial Chief Occupational Medical Officer.

The staff provided technical advice for the department through participation on committees dealing with such subjects as: swimming pool regulations, drinking water quality, bathing beach and recreational water monitoring, civil technology curriculum reviews, the transportation of dangerous goods, the handling of hazardous products, and indoor air quality to radon gas in homes.

Environmental Health Services continued to be the liaison between Manitoba Workplace Safety and Health and Manitoba Health.

Environmental Health staff were requested to evaluate and comment on numerous submissions made to the Clean Environment Commission concerning approval to dispose of waste by-products into the air, soil and water. Technical reviews were completed, and reports were submitted which assessed the impact on public health. Staff were requested to be in attendance at many public hearings to provide evidence on environmental matters related to mining, agriculture, air pollution, municipal sewage treatment, industrial processes, incineration, solid waste disposal and hazardous products handling as they relate to public health.

HEALTH CARE TO THE NORTH

The responsibility to provide health care services in northern Manitoba communities with a low population density is divided between Manitoba Health and Medical Services, Health and Welfare Canada in accordance with a 1964 Memorandum of Agreement. This agreement designates:

a) communities with a majority Status Indian population to federal jurisdiction for the provision of clinical and community health services,
b) communities with a majority Non-Status Indian and Métis population to provincial jurisdiction for the provision of clinical and community health services.

Manitoba Health provides primary care and public health nursing services in 24 northern and difficult to access areas in the Thompson, Norman, Interlake, Eastman and Parklands health regions where access to other medical services and facilities is limited.

Primary objectives of the program include the provision of early diagnosis, treatment and follow-up of disease through primary care clinics and 24 hour emergency/first aid services, as well as services emphasizing disease prevention and health promotion.

In this fiscal year, training of paraprofessionals continued in conjunction with the New Careers Branch of Manitoba Employment Services and Economic Security. It is anticipated that 10 community health workers will complete the training program in October 1987, thereby enhancing the professional component of service in communities in Thompson, Norman and Parklands regions.

The movement towards increased local control of the administration and delivery of health care service by Indian communities resulted in the formation of a committee of senior staff to deal specifically with issues pertaining to transfer of control. Preliminary information sharing meetings were held at the request of several native groups throughout the province. Further discussions, which will continue to include the participation of native representatives, are anticipated in the next fiscal year.

PROVINCIAL GERONTOLOGIST

In 1986, the Provincial Gerontologist provided gerontological advice, consultation and information related to policy and programs to senior departmental and governmental staff, community organizations, educators and the general public.

The Provincial Gerontologist is able to call upon liaison officers appointed by each provincial department, appropriate commissions, and crown corporations to deal with interdepartmental issues related to aging.

The Interagency Committee on Support Services to Seniors (IACSSS) chaired by the provincial gerontologist was formed as a result of concerns for the supported independence needs of our older population. This committee has representation from the following provincial departments: Health including the Manitoba Health Services Commission, Housing, Community Services, and Highways and Transportation as well as Health and Welfare Canada - New Horizons. IACSSS has been established as the source to provide funding to encourage related initiatives at the community level. The agent or service provider applying for project funding may be an existing board or agency, a newly established group, or a federation of existing agencies and philanthropic community groups. Flexibility in policy allows for variations in communities and promotes a sense of local ownership, a commitment to local initiatives and the use of volunteers from existing support services. Funds have been approved to phase in projects over a three-year period.

During 1986, Community Resource Councils in 12 communities coordinated existing services and developed new services. Thirty-nine meal programs provided a combination of congregate meals, heat-and-serve meals, take-out meals and escorts to meals. Seven elderly person housing projects hired tenant resource coordinators to coordinate the delivery of services within the units and to work with the tenants in establishing new services.

The Manitoba Council on Aging, composed of 15 members, reports to government through the Provincial Gerontologist. The Council ensures that public

participation is reflected in the gerontologist's function and in relevant governmental programs.

The proceedings from the Fourth Manitoba Conference on Aging, May 21 - 24, 1985 were published and distributed to participants and relevant organizations. The Council on Aging and the Conference Planning Committee was requested to direct the 174 recommendations put forward from the conference to the appropriate government bodies, agencies, organizations and groups for consideration, action and support. The Council has been asked to monitor the implementation of these recommendations for the Minister.

RESEARCH AND PLANNING DIRECTORATE

The Research and Planning Directorate consolidates research and planning for Manitoba Health and the Manitoba Health Services Commission.

The Health Services Review Committee, with support from directorate staff and staff of the Manitoba Health Services Commission, continued its investigations in 1986/87. Responses from the public to the Report of the Health Services Review Committee (September, 1985) were requested by the Minister, and during September, 1986, Volume IV of the Committee's Report was released with detail of all public responses.

In December, 1986 the Minister issued a call for one-time, health care demonstration proposals for a total of $2.0 million, consistent with the themes of the Health Services Review Committee Report. The committee was tasked to review all submissions for the Minister to initiate the demonstration projects during 1987/88.

Other directorate activities in process or completed in 1986/87 include:

- Analyzing physician manpower data to project the province's future physician manpower requirements. Directorate representatives attend manpower-related committee meetings at the interprovincial and federal-provincial levels.

- Coordinating further development of the Mental Health Management Information System to establish a comprehensive, automated information system for Manitoba's mental health centres and regional community mental health programs.

- Collecting data for the description of provincial Day Hospital patients and evaluation of their health outcomes.

- Evaluating the Community-Based Management of Pregnancy-Induced Hypertension Program. Data collection was completed and data analyses commenced.

- Participating in an interprovincial study on the needs of organ transplantation.

- Preparing grant applications to the National Health Research and Development program.

- Participating in an ongoing evaluation of the Departments of Geriatric Medicine at Health Sciences Centre and St. Boniface General Hospital.

- Planning for an evaluation of the Seven Oaks Hospital/Community Psychogeriatric program.

- The Director of the Research and Planning Directorate was appointed Chairman of the Chiropractic Review Committee established in September, 1986.

- Represented the Department on the Working Group on Immigrant Professionals.

MENTAL HEALTH SERVICES DIVISION

The Assistant Deputy Minister, Mental Health Services, is responsible for the management, direction and co-ordination of the diverse functions and units within the division.

Under this Division, the Chief Provincial Psychiatrist reports to both the Assistant Deputy Minister as well as the Deputy Minister of Health. Brandon and Selkirk Mental Health Centres, Child and Adolescent Psychiatric Services, Forensic Services for Children and Adults, and the Mental Health Directorate also report directly to the Assistant Deputy Minister. This division maintains a strong liaison with the Manitoba Health Services Commission and community mental health field services in the Community Health Services division of the department.

OFFICE OF THE CHIEF PROVINCIAL PSYCHIATRIST

The Chief Provincial Psychiatrist is responsible for the administration of the Mental Health Act and provides professional consultation services to other departmental divisions regarding the delivery of mental health services.

The Chief Provincial Psychiatrist continued to maintain a staff appointment with the Department of Psychiatry, Faculty of Medicine, University of Manitoba which ensured an important linkage between the academic community and mental health field services.

During 1986, the final report and recommendations of the Mental Health Review Act Committee were prepared and submitted. This report outlines recommendations for amendments to the Mental Health Act.

The Mental Health Advisory Committee, appointed in 1985 to advise the Minister on significant policy issues relative to mental health services, continued its work. The Committee has reviewed the draft Five Year Plan and the proposed amendments to the Mental Health Act.

The Chief Provincial Psychiatrist continued to receive a large number of requests to place mentally disordered persons under supervision in accordance with Section 17 of the Mental Health Act.

Although not a statutory requirement, the Chief Provincial Psychiatrist continued to administer an informal review of status program whereby compulsory patients in psychiatric facilities may appeal their admission. Reviews are conducted by senior psychiatrists and the majority of reviews were conducted at Brandon and Selkirk Mental Health Centres.

MENTAL HEALTH DIRECTORATE

The Mental Health Directorate has the specific mandate of co-ordinating the development of a continuum of hospital and community-based services.

During 1986, considerable progress was made towards realization of some basic objectives in mental health planning. The directorate was strengthened by the additional of five staff, four professional and one administrative, bringing the total staff complement to eight members. The move towards establishment of community-based programs was further strengthened with the development and funding of a number of new initiatives. Funding for fifteen spaces for the Supportive Housing Program, sponsored by the Canadian Mental Health Association, was approved. Financial support was also extended to the Society for Self-Help, a newly established agency formed through amalgamation of two existing agencies. Six additional community residence beds were established. The Proctor Program, initiated during 1985 for intensive one-to-one rehabilitative services to mental health clients, was further strengthened through development of new and innovative models of service delivery. Further planning for development of day programs in rural areas was undertaken.

The directorate took a lead role in the development of a comprehensive set of standards proposed for mental health residential facilities. The standards are being reviewed by senior management.

A number of comprehensive studies were undertaken during the year. These include:

- Mental Health Services in Manitoba, a Strategic Plan for Reorganization
- Mental Health Centres in Transition - An Analysis of Their Role, Problems and Prospects
- Difficult to Manage Clients of the Community Mental Health Program, Winnipeg Region

These studies were directly related to the planning for mental health services, one of the basic functions of the directorate.

Directorate staff participated in the drafting of amendments to the Mental Health Act, and in Federal-Provincial negotiations for amendments to the Criminal Code.

The Directorate worked closely with the Manitoba Health Services Commission on a number of projects, including:

- Development of a psychogeriatric unit at Deer Lodge Centre
- Development of special care units at Bethania and Salem Personal Care Homes

- Development of the Functional Plan for a new Forensic Unit
- Functional Plan for Psychiatric Redevelopment Project at Health Sciences Centre
- Functional Plan for proposed Louis Riel Community Residence Project

A Psychogeriatric Planning Committee was struck to develop a model for delivery of psychogeriatric services.

A core curriculum was implemented for training of new Community Mental Health Workers.

Support was provided to the Mental Health Advisory Committee which advises the Minister on Mental Health Policy.

COMMUNITY MENTAL HEALTH SERVICES

The goal of Community Mental Health Services is to maximize the integration in the community for all clients at their highest level of functioning. The client group can be classified into three categories: the post-mentally ill, those identified as being at risk for developing a psychiatric disturbance, and those with other mental health problems.

The community health team provides comprehensive assessment, consultation, crisis intervention, direct treatment, follow-up, and community education to individuals throughout the province. The program is also involved in the planning, development and maintenance of community residences, independent and group living programs, foster homes, respite care, and day programs.

The mental health professionals are actively involved in a continuing education program to upgrade their professional skills and knowledge in meeting the varied needs and problems of clients that are served by the program.

Efforts are continuing to have psychiatric and psychological input into the mental health teams in the rural regions. This will ensure that services are available as close to the clients home as possible.

FORENSIC SERVICES

Adult Forensic Services is located in the Pincock Building which is part of the Health Sciences Centre Complex in Winnipeg. It also functions as an integral part of the Department of Psychiatry of the University of Manitoba. Consumers of the service are accused persons referred by the Courts or from the Correctional Institutions and Probation Services. In-patient beds for the further investigation and treatment of mentally ill offenders are available but there continues to be a shortage of psychiatric beds at the Health Sciences Centre. Staff of Adult Forensic Services includes one full-time qualified psychiatrist and one full-time general physician.

One full-time senior psychologist is employed in Adult Forensic Services who performs clinical work, plays a major role in research, and deputizes for the Director when he is absent. One full-time social worker continues to provide a valuable service and makes a major contribution to the clinical team.

Children's Forensic Services is located in the Manitoba Youth Centre, Doncaster Avenue, Winnipeg. A senior part-time psychiatric consultant, assisted by two other part-time psychiatrists, offer psychiatric services to this section. This unit sees adolescent referrals from the Courts, from Probation Services and from staff of the Youth Centre.

Plans are underway for the development of a forensic psychiatric unit at the Health Sciences Centre which will be comprised of 20 adult and 10 adolescent beds.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

The mandate of Child and Adolescent Mental Health Services (formerly Community Psychiatric Services for Children) is to provide comprehensive mental health services to psychiatrically disturbed children and adolescents and their families, as close as possible to the community of residence.

The goals of Child and Adolescent Mental Health Services are to promote the mental health of children and adolescents through the education of professionals and the public, to promote accessibility to the limited resource of child/adolescent psychiatrists through equitable coordination and deployment, and to promote and maintain standards and quality assurance measures for client care, through program review and evaluation.

In the absence of child psychiatrists in rural and northern Manitoba, Community Psychiatric Services for Children was established in 1974 to train non-medical professionals for deployment to all regions of the province. Candidates for vacant community mental health worker positions are interviewed by a hiring board comprised of representatives from Manitoba Health, Personnel, the Regional Mental Health Coordinator for the designated position, and Child and Adolescent Mental Health Services. The successful candidate must complete the intensive six-month "Advanced Certificate in Community Child and Adolescent Psychiatry" before being deployed to the region.

In 1986, Child and Adolescent Mental Health Services trained the following community mental health care workers: two for the Brandon Mental Health Centre, Adolescent Program; one for The Pas; one for the Parklands Region, Dauphin; and one for the Interlake Region. Two people began the training program in January 1987; one from the Brandon Mental Health Centre, and one for the Flin Flon Region. Two immigrant women, one a psychologist and one a social worker, are also enrolled in the "Advanced Certificate in Community Child and Adolescent Psychiatry", in recognition of the need for trained community mental health workers to provide assessment and treatment to immigrant children and families in Winnipeg.

In keeping with Child and Adolescent Mental Health Services' goal of education of professionals in the mental health fields, the Didactic Component of the six-month "Advanced Certificate in Community Child and Adolescent Psychiatry" was divided into twenty-one self-contained courses of six to twelve weeks duration. These courses were open to staff of the Manitoba Adolescent Treatment Centre in March 1986 and to St. Boniface Adolescent psychiatric staff in December 1986. The first fiscal year of operations resulted in an enrollment of 230. Approximately three percent were for audit, with the remainder of the students taking courses for credit.

Staff of Child and Adolescent Mental Health Services continued to lecture to undergraduate and post-graduate students in child/adolescent psychiatry, and to speak to various professional groups and the public.

Child and Adolescent Mental Health Services has completed its long-term commitment (1981 - 1986) to the planning and development of the Manitoba Adolescent Treatment Centre as a part of the continuum of mental health services for children/adolescents in Manitoba and it is now located within the Mental Health Division facilities.

Child and Adolescent Mental Health Services continues to deploy psychiatrists to support the programs of Manitoba Adolescent Treatment Centre and will do so until alternate manpower is available. Private practice physicians have been hired to provide regularly-scheduled clinical and/or program consultation to two Winnipeg Child and Family Services Agencies. Psychiatrists are deployed by Child and Adolescent Mental Health Services to provide services to the Winnipeg Child Guidance Clinic and St. James Educational Support Services. Each psychiatrist is assigned to a multidisciplinary team responsible for services to children/adolescents and their families in a designated school catchment area. These psychiatrists provide assessment, diagnosis and treatment for psychiatrically disturbed children and adolescents, and consultation and education to the team, teachers and other professionals in the community.

The first year of the decentralization of Child/Adolescent Community Mental Health workers was 1986. The proposed Division of Responsibilities proved to be a workable system. Child and Adolescent Mental Health Services is currently in the process of updating the Policy and Procedures Manual. In conjunction with the regional mental health coordinators, standards and quality assurance measures are being reviewed and revised to reflect the need for equitable quality of service delivery and the flexibility of meeting the needs and social/ cultural standards of the catchment area.

Child and Adolescent Mental Health Services is represented on the Federal Working Group on Mental Health Issues of Children and Youth, a two-year working group of representatives from each of the provinces and the federal government. The group focuses on issues related to standards, suicide, child abuse, and the Young Offenders Act, through the sharing of information on successful programs and problem areas in each province. Child and Adolescent Mental Health Services has shared Manitoba's positive experience in developing a mental health service delivery system for children/adolescents and families in rural and northern Manitoba.

Late in 1986, a committee was formed with representatives from the child/adolescent psychiatric hospitals and the community mental health system, to identify gaps, to improve coordination of services, and to prioritize resource development. A working group, Coordination of Child/Adolescent Psychiatric Services (Co-CAPS) is completing a resource inventory of psychiatric services funded through the Manitoba Health Services Commission.

Child and Adolescent Mental Health Services was involved in responding to the "External Review into Matters Dealing With Child Abuse in Winnipeg" and in meeting with representatives of Community Services to clearly define the role of Children's Mental Health in the treatment of abuse victims with noncommitant mental health problems, and to participate in the training of workers who will provide treatment to abuse victims.

SELKIRK MENTAL HEALTH CENTRE

Selkirk Mental Health Centre provides psychiatric inpatient and outpatient treatment to the residents of Interlake, Eastman, Thompson, Norman, Winnipeg and adjacent areas of Central Region. The total population of these regions is in excess of 800,000. Outpatient services consist of outpatient treatment, consultative and part-time patient services to all regions, and itinerant treatment services to Interlake and Thompson regions.

Selkirk Mental Health Centre has three active inpatient units. The Selkirk Psychiatric Institute provides comprehensive acute and long term services for patients from the geographical areas of Norman, Thompson, Eastman, and Interlake, including Selkirk District. Each of the areas is served by a multidisciplinary treatment team.

The Reception Unit provides services to patients referred from the Winnipeg acute care psychiatric units who require long term intensive treatment and rehabilitation. Forensic services refers patients to this unit as well as Selkirk Psychiatric Unit.

The Infirmary Unit provides services to psychogeriatric patients, long term patients and patients from other units requiring short term medical treatment.

A working committee with representatives from the Mental Health Directorate, Selkirk Mental Health Centre and Winnipeg Region completed the transfer of the Centre's Winnipeg outpatient and outreach services to the Winnipeg Region. Fourteen staff who provide extensive outpatient, day care, and program support services were transferred from the Centre to Winnipeg Region on June 1, 1986.

The Fire Safety and Facility Upgrading in Selkirk Psychiatric Institute Unit was completed in 1986. In July 1986, patients and staff moved back to the unit which featured expanded and improved pharmacy, occupational therapy and nursing station areas, upgraded patient dormitories, as well as fire safety upgrading to meet Manitoba fire code standards.

Treatment services in all units are provided by multidisciplinary treatment teams consisting of psychiatry, psychology, occupational therapy, psychiatric nursing and social work staff as well as other support staff (chaplaincy, pharmacy, clincial records). During 1987-88 the changes to the patient service delivery system will be finalized with:

1. the establishment of an admission ward for the assessment and treatment of short term patients, and
2. the conversion of the remaining patient program areas into a variety of specialized programs to meet specific needs of the long term patient population.

Occupational Therapy has sufficient space for its programs in all areas, with the completion of renovations. During 1986-87, the Occupational Therapy department added a voluntary music group for patients to its range of services. The lack of availability of qualified occupational therapists continued to limit the ability to provide more comprehensive range of services.

The first supervised Pastoral Education Program for Clergy was conducted at the Centre by the Chaplain in cooperation with the University of Winnipeg, Faculty of Theology.

A second full time pharmacist joined the Pharmacy Department, enabling the department to continue expanding the Individual Patient Prescription Program and developing pharmacy profiles on all patients. These two programs will be further expanded in 1987-88 so that they are available to all patients.

The Department of Medicine sponsored a senior psychiatric resident from the University of Manitoba Postgraduate Psychiatric Residency Program for a six month period. It is anticipated the individual will be joining the medical staff as a qualified psychiatrist early in 1987-88.

The Department of Social Work started compiling statistics on its activities using the Workload Measurement System as proposed by the Manitoba Health Services Commission.

The Joint Policy Review Committee made up of management and union representatives continued the review of labor/management issues at the Centre.

Selkirk Mental Health Centre celebrated its centennial in 1986. Several of the important highlights of these celebrations were the unveiling of a plaque by the Honourable Pearl McGonigal to commemorate the event, a public open house at the Centre, and special commemorative events for patients, staff and former staff.

A comprehensive internal quality assurance program has been developed for all phases of the operation. The program evaluates the achievement of goals and objectives and efficiency of Centre services. This program was helpful in planning for the 1987 survey by the Canadian Council on Hospital Accreditation.

BRANDON MENTAL HEALTH CENTRE

The Brandon Mental Health Centre provides a broad spectrum of mental health services to southwestern Manitoba, an area comprising 210,000 residents in Westman, Parklands, and the Western half of Central Region. These services include residential care and treatment for acute, medium, and long-stay patients, plus adult day treatment and follow-up programs. The Centre also offers community mental health services to Brandon and the surrounding municipalities through its child and adult outpatient department and adolescent day program.

During this fiscal year, major changes in the personnel and structure of senior management occurred, including the appointment of a new Executive Director. A new Medical Director is also expected to start in May 1987. The Centre continues to experience serious problems recruiting and retaining qualified psychiatric staff, as well as other clinical professionals.

The Centre moved forward in program development, establishing a Psychogeriatric Assessment Unit, providing evaluation and short-term treatment to elderly patients referred for brief stays at the Centre. The Unit received consultation from a specialist in geriatric medicine, as well as a geropsychiatrist from St. Boniface General Hospital, the latter via the

audio-visual link the Centre has with the University of Manitoba Department of Psychiatry.

The Centre concentrated on three major goals: planning, the efficient use of resources, and improved liaison with related agencies and community groups.

Officials at the Centre have undertaken detailed planning for the move of 100 of its patients, and corresponding staff positions to the Rideau Park Personal Care Home, scheduled to open in early 1988. Likewise, progress was made to prepare for the opening of the new Westman Central Laundry, expected to open in 1988 on the grounds of the Brandon General Hospital. Consideration is being given to moving the outpatient department to a downtown location, in order to improve access to community mental health services in Brandon and area.

Planning will remain a focus for the year ahead, with two projects having first priority: a secure unit to provide care to patients who may require enhanced environmental safety and control and a specialized adolescent inpatient unit for young people who currently resident on a ward with a mix of ages in the patient population.

Over the past year, increased attention was paid to programming for long-stay patients at the Centre. An ad hoc Committee on the Chronic Mentally Ill was struck and asked to bring forward recommendations to improve opportunities for community placement of this group, as well as to enhance the quality of life, both for patients placed in the community, as well as those who must remain resident in the Centre.

Finally, the entire management group at the Centre worked on the development of a Mission Statement that will include both short-term objectives and longer-term goals. The Statement is expected to be finished by the summer, 1987, after going through a process of review and revision.

The Nursing Department developed and began implementing an empirically-based staffing system that relates the number and classification of nurses assigned to a ward to the number of patients residing there and the level of care the patients require. This system has proven beneficial in the optimal assignment of staff but will need computerization before it can be fully implemented throughout the Centre, a goal for next year. Management from the Nursing, Housekeeping, and Dietary Departments participated in a study differentiating nursing roles from those of support staff in the other two departments, using the staffing system as the basic planning tool. As a result of the study, non-nursing tasks were shifted to the resource departments, along with staff time. This has produced more efficient use of staff and greater staff morale in all departments concerned.

The Pharmacy Department developed a proposed program to transfer discharged patients to community pharmacies for follow-up of their medication supplies. Former patients will be encouraged to participate in Pharmacare and other funding plans to cover the costs of the medications they need. Once approved, the program will go into effect in 1987.

The Executive set up a Space Allocation Committee and Product Evaluation Committee to ensure that space and supplies are efficiently managed in the

Centre. As well, reviews were done on the Centre's utilization of the audio-visual link from a financial, technical, and clinical perspective, with the result that improvements in this program have been recommended.

Effective liaison with related agencies and groups was a goal for the Centre in 1986-87. Regular meetings were started with Coordinators of Community Mental Health for the Westman, Parklands and Central Regions. Progress was achieved in overcoming obstacles to working together. Informal meetings were held with representatives from the Brandon General Hospital, Canadian Mental Health Association, Community Welcome, Child and Family Services, Brandon School Division, Brandon University, community leaders, and others, enhancing the role of the Centre as an integral member of the Brandon and Westman communities.

Following a survey by the Canadian Council on Hospital Accreditation in October, the Centre learned that it had achieved a two-year full accredited status, in recognition of the high quality of patient care it provides.

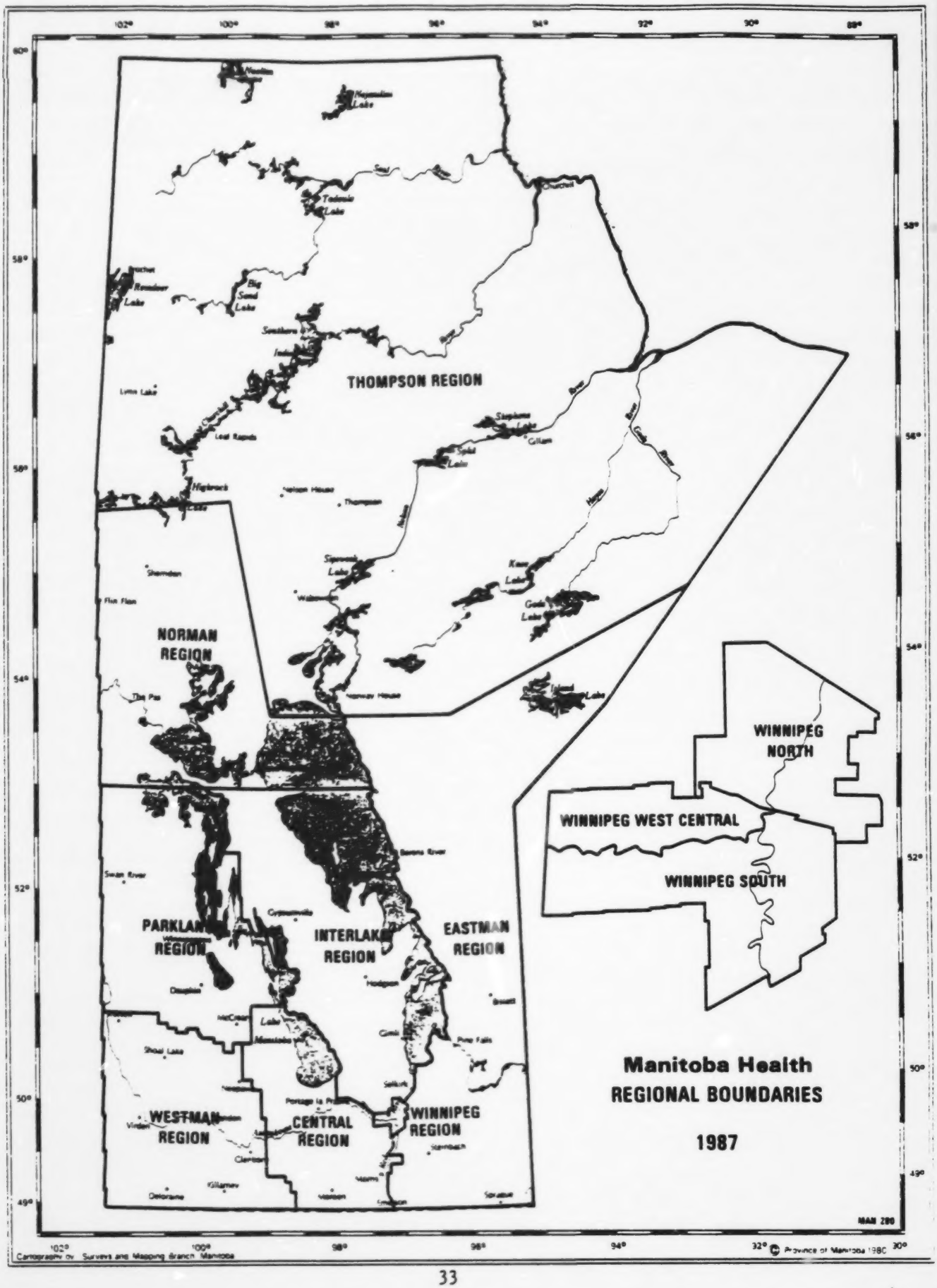

THOMPSON REGION
NORMAN REGION
PARKLAND REGION
INTERLAKE REGION
EASTMAN REGION
WESTMAN REGION
CENTRAL REGION
WINNIPEG REGION
WINNIPEG NORTH
WINNIPEG WEST CENTRAL
WINNIPEG SOUTH
Manitoba Health
REGIONAL BOUNDARIES
1987
MAN 280
Cartography by Surveys and Mapping Branch, Manitoba
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TABLE 1
POPULATION OF MANITOBA BY HEALTH REGION, BY AGE GROUP AND SEX -
JUNE 1, 1986

HEALTH REGION	SEX	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+	TOTAL
CENTRAL	M	4,331	4,104	4,072	4,169	4,070	4,000	3,576	3,035	2,490	2,158	1,970	1,977	2,000	1,840	3,868	47,660
	F	4,073	3,927	3,904	3,933	3,806	3,751	3,340	2,867	2,397	2,102	1,939	2,112	2,238	1,950	4,931	47,270
	T	8,404	8,031	7,976	8,102	7,876	7,751	6,916	5,902	4,887	4,260	3,909	4,089	4,238	3,790	8,799	94,930
EASTMAN	M	4,362	4,347	4,265	4,035	3,980	3,685	3,493	3,143	2,585	2,063	1,792	1,759	1,642	1,386	2,669	45,206
	F	4,111	4,179	3,971	3,922	3,499	3,493	3,450	2,999	2,361	1,909	1,674	1,631	1,598	1,352	2,866	43,015
	T	8,473	8,526	8,236	7,957	7,479	7,178	6,943	6,142	4,946	3,972	3,466	3,390	3,240	2,738	5,535	88,221
INTERLAKE	M	2,887	2,768	3,265	3,212	3,153	2,788	2,809	2,672	2,244	1,843	1,772	1,616	1,563	1,488	2,704	36,784
	F	2,704	2,734	3,060	3,065	2,773	2,724	2,667	2,592	2,057	1,737	1,663	1,555	1,632	1,504	2,971	35,438
	T	5,591	5,502	6,325	6,277	5,926	5,512	5,476	5,264	4,301	3,580	3,435	3,171	3,195	2,992	5,675	72,222
NORMAN	M	1,229	1,207	1,288	1,120	1,189	1,348	1,112	1,055	666	591	505	472	421	289	567	13,059
	F	1,205	1,159	1,193	1,174	1,196	1,218	993	874	631	534	437	433	365	326	653	12,391
	T	2,434	2,366	2,481	2,294	2,385	2,566	2,105	1,929	1,297	1,125	942	905	786	615	1,220	25,450
PARKLAND	M	1,915	2,004	2,100	2,203	1,960	1,709	1,712	1,562	1,371	1,216	1,171	1,297	1,349	1,272	2,695	25,536
	F	1,745	1,906	1,950	2,002	1,720	1,608	1,596	1,460	1,291	1,063	1,154	1,269	1,340	1,292	3,152	24,548
	T	3,660	3,910	4,050	4,205	3,680	3,317	3,308	3,022	2,662	2,279	2,325	2,566	2,689	2,564	5,847	50,084
THOMPSON	M	2,655	2,428	2,485	2,288	2,115	2,036	1,738	1,565	1,147	962	702	514	321	213	335	21,504
	F	2,499	2,271	2,283	2,190	2,110	2,024	1,713	1,337	978	758	537	382	273	210	311	19,876
	T	5,154	4,699	4,768	4,478	4,225	4,060	3,451	2,902	2,125	1,720	1,239	896	594	423	646	41,380
WESTMAN	M	4,567	4,517	4,589	4,614	5,131	5,072	4,537	4,055	3,069	2,696	2,707	3,016	2,939	2,719	5,925	60,153
	F	4,426	4,247	4,317	4,458	4,905	4,740	4,394	3,921	3,076	2,772	2,758	2,979	3,255	3,096	7,651	60,995
	T	8,993	8,764	8,906	9,072	10,036	9,812	8,931	7,976	6,145	5,468	5,465	5,995	6,194	5,815	13,576	121,148
WINNIPEG	M	21,790	20,551	21,030	22,762	29,514	30,775	27,595	24,284	18,297	14,814	14,311	13,636	13,043	10,674	19,181	302,257
	F	20,561	19,465	20,064	22,403	30,606	30,465	27,723	24,824	18,363	15,145	14,518	14,959	15,898	13,451	31,448	319,893
	T	42,351	40,016	41,094	45,165	60,120	61,240	55,318	49,108	36,660	29,959	28,829	28,595	28,941	24,125	50,629	622,150
TOTAL MANITOBA	M	43,736	41,926	43,094	44,403	51,112	51,413	46,572	41,371	31,869	26,343	24,930	24,287	23,278	19,891	37,944	552,159
	F	41,324	39,888	40,742	43,147	50,615	50,023	45,876	40,874	31,154	26,020	24,680	25,320	26,599	23,181	53,983	563,426
	T	85,060	81,814	83,836	87,550	101,727	101,436	92,448	82,245	63,023	52,363	49,610	49,607	49,877	43,062	91,927	1,115,585
INDIAN BANDS	M	4,079	3,411	3,272	3,137	2,849	2,238	1,587	1,263	1,014	818	653	512	410	344	580	26,167
	F	3,781	3,240	3,156	3,191	2,913	2,264	1,631	1,226	894	716	595	455	373	274	563	25,272
	T	7,860	6,651	6,428	6,328	5,762	4,502	3,218	2,489	1,908	1,534	1,248	967	783	618	1,143	51,439

TABLE 1
MEDICAL SUPPLIES AND HOME CARE EQUIPMENT PROGRAM:
CASELOAD MOVEMENT BY PROGRAM - 1986/87

	Continuing Care Supplies[1]	Home Care Equipment[2]	Ostomy Supplies[3]	Respiratory Support Equipment[4]	Wheelchairs		Total
					Electric	Standard	
Beginning of Year[5]	2,839	13,920	1,506	154	222	4,253	22,894
Cases Opened	2,805	6,097	321	121	65	1,683	11,092
Total Cases	5,644	20,017	1,827	275	287	5,936	33,986
Cases Closed	1,071	4,980	786	102	36	1,346	8,321
End of Year	4,573	15,037	1,041	173	251	4,590	25,665

P3/S3/T1

[1]Denote clients who are in receipt of Home Care Services and disposable medical supplies on an on-going basis.

[2]Denote clients who have been provided with one or more pieces of Home Care Equipment to facilitate their care in their own homes.

[3]Denote clients who have lost the normal function of their bowel or bladder and are receiving stoma care products on an on-going basis.

[4]Denote clients who are utilizing the life-supporting oxygen concentrators on an on-going basis.

[5]Revised.

TABLE 2
MEDICAL SUPPLIES AND HOME CARE EQUIPMENT PROGRAM:
PATIENT AND OTHER SERVICES BY PROGRAM AND TYPE - 1986/87

Patient Services	Technician			Mail/Transfer/Patient		Other	Total
	Deliveries	Returns	Maintenance	Deliveries	Returns		
Continuing Care Supplies	847	3	-	16,776	534	-	18,160
Home Care Equipment	8,987	8,243	319	7,242	2,114	-	26,905
Ostomy Supplies	489	-	-	9,059	148	1,681	11,377
Respiratory Support System	409	216	141	25	1	-	792
Sub-Total	10,732	8,462	460	33,102	2,797	1,681	57,234
Services to Other Programs:							
Reproductive Health	5	-	-	167	7	-	179
Public Health	22	-	-	569	38	-	629
I.D.C.D.	-	-	-	558	2	-	560
STD Controlseases	4	-	-	44	-	-	48
Sub-Total	31	-	-	1,338	47	-	1,416
Total	10,763	8,462	460	34,440	2,844	1,681	58,650

P3/S3/T2

TABLE 1
PUBLIC HEALTH NURSING: REPORTED CASELOAD MOVEMENT BY CATEGORY - 1986/87

	CATEGORY						
	Maternal	Child Care	School	Adult	Elderly	Communicable Diseases	Total
Beginning of Year	236	4,891	204	731	597	124	6,783[1]
Cases Opened	432	4,162	209	494	296	152	5,745
Total Cases	668	9,053	413	1,225	893	276	12,528
Cases Closed	392	4,327	163	517	350	160	5,909
End of Year	276	4,726	250	708	543	116	6,619

P3/S1/T1

[1]Revised.

TABLE 1
COMMUNICABLE DISEASES: REPORTED CASES IN MANITOBA - 1985 AND 1986

Disease	Number of Cases	
	1985	1986
Intestinal Infectious Diseases:		
Typhoid Fever (002.0)	1	1
Paratyphoid Fever (002.9)	1	1
Salmonellosis (003)	148	210
Shigellosis (004)	203	111
Food Poisoning (Bacterial)		
Staphylococcal (005.0)	-	5
Clostridium Perfringens (005.2)	-	-
Other Clostridia (005.3)	-	-
Vibrio Parahaemolyticus (005.4)	-	-
Bucillus Cereus (005.8)	-	-
Unspecified (005.9)	12	-
E. Coli Enteritis (008.0)	-	-
Tuberculosis:		
Primary (010)	20	11
Respiratory (011 - 012)	99	93
Non-respiratory (013 - 018)	25	32
Venereal Diseases:		
Gonococcal Infections (098)	3,186	3,029
Syphilis (Primary and Secondary) (091)	49	24
Syphilis (Other) (092 - 097)	54	68
Chancroid (099)	1	-
Diseases of Cental Nervous System:		
Meningitis		
Bacterial		
Haemophilus (320.0)	17	33
Pneumonococal (320.1)	11	5
Other	2	5
Viral		
Aseptic Meningitis Due to:		
Coxsackie (047.0)	-	2
Echo Virus (047.1)	1	4
Other Viral (047.9)	48	52
Encephalitis		
Western Equine Encephalitis (062.1)	-	1
Encephalitis Unspecified (062.9)	-	1
Other Bacterial Diseases:		
Diptheria Cases (032)	1	1
Diptheria Carriers (V02.4)	63	15
Meningococcal Infections (036)	16	15
Whooping Cough (033)	46	70
Other Viral Diseases:		
Hepatitis A (070.0)	528	207
Hepatitis B (070.2)	120	60
Measles (055)	72	3,317
Rubella (056)	20	37
Congenital Rubella (771.0)	-	-
Mumps (072)	13	20
Hepatitis Non A - Non B (070.5)	5	4
Rare Diseases:		
Amebiasis (006)	22	13
Leprosy (030)	1	1
Malaria (084)	11	22
Psittacosis (073)	1	1
Legionella (482.8)	8	22
Blastomycosis (116.0)	4	1
Tetanus (037)	2	-
Total	4,811	7,494

FIGURE 1

REPORTED SALMONELLOSIS CASES (003)

WINNIPEG AND RURAL AREA - 1973 TO 1986/87

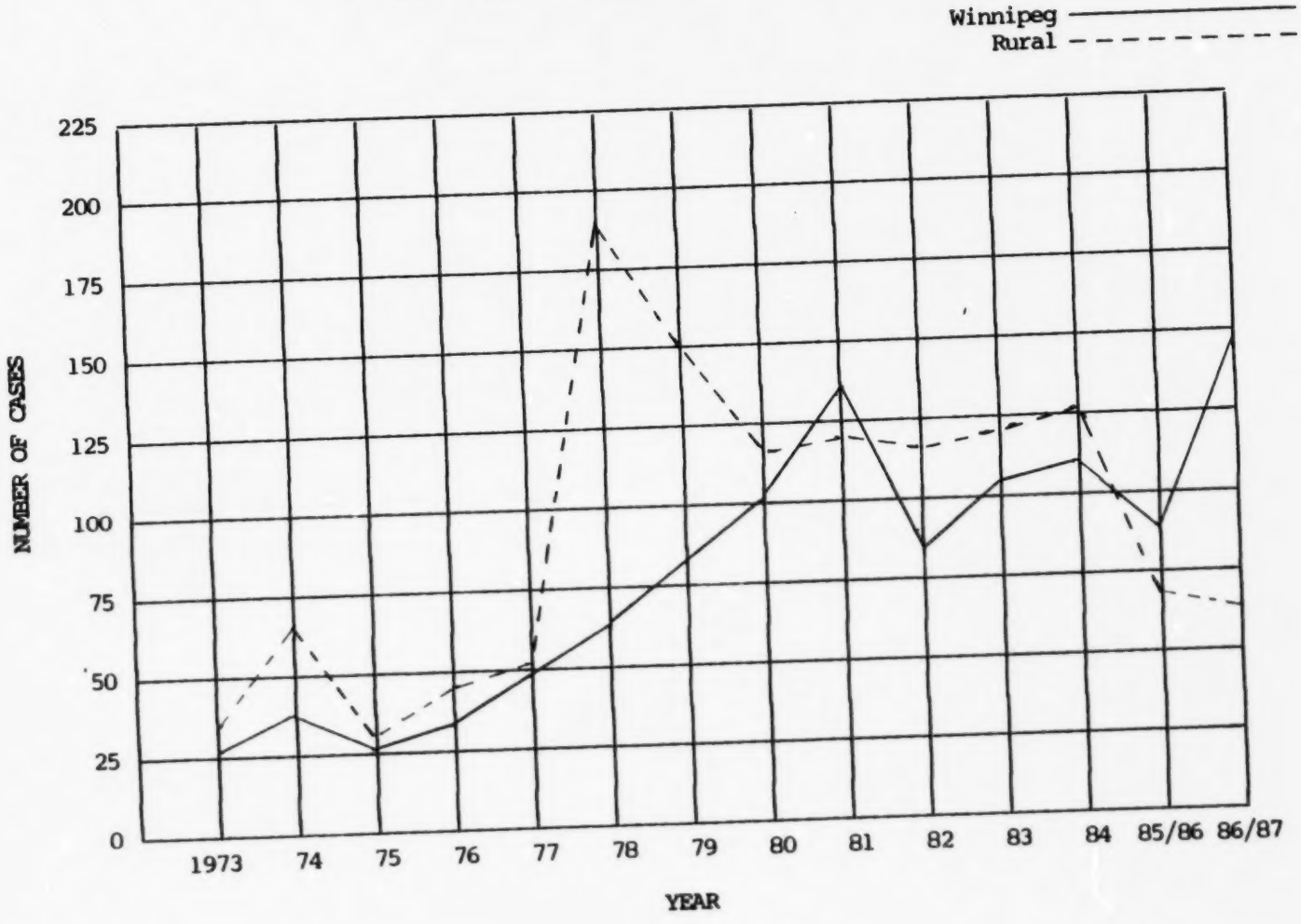

FIGURE 2

REPORTED RUBELLA CASES (056)

WINNIPEG AND RURAL AREA - 1973 TO 1986/87

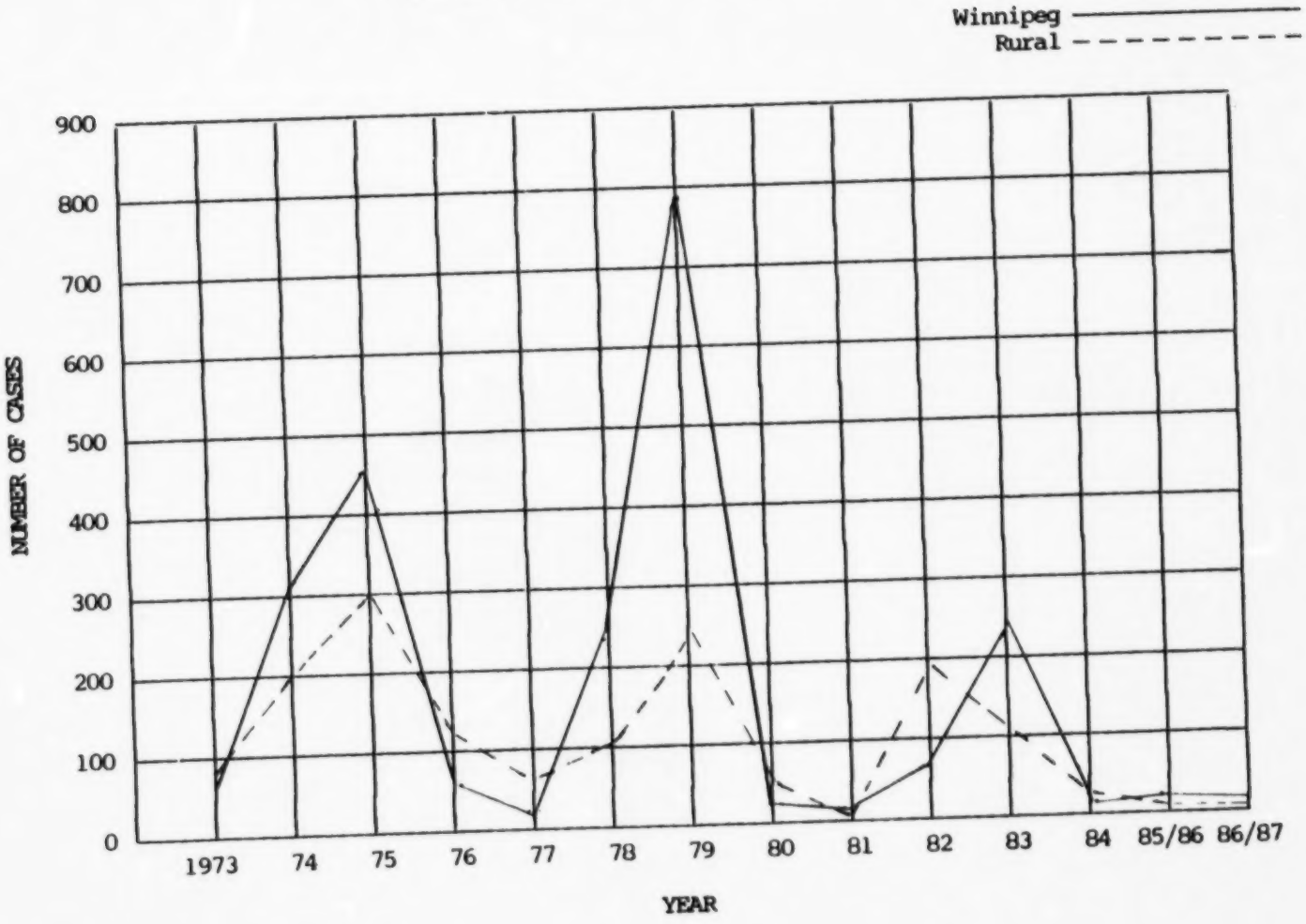

FIGURE 3

REPORTED HEPATITIS A CASES (070.0)

WINNIPEG AND RURAL AREA - 1973 TO 1986/87

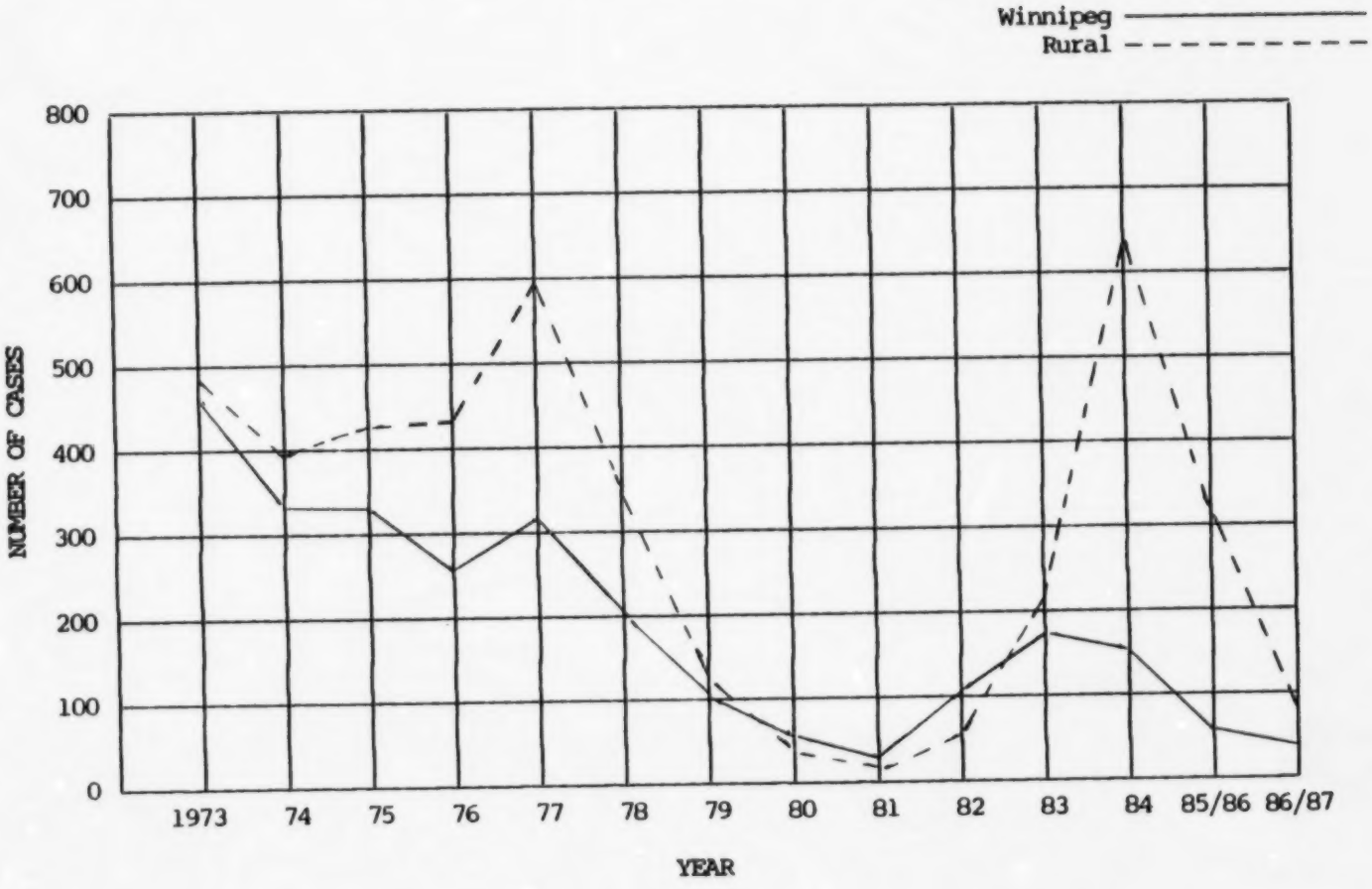

FIGURE 4

REPORTED GONOCOCCAL INFECTIONS (098)

RATE PER 10,000 POPULATION

1960 - 1986/87

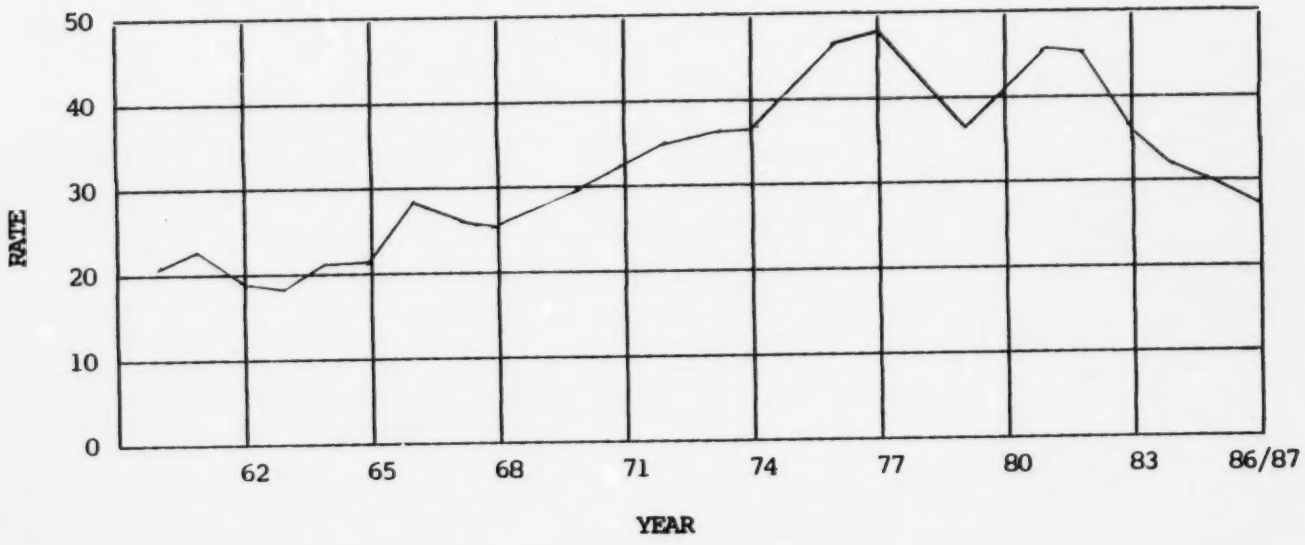

TABLE 2
REPORTED INFECTIOUS SYPHILIS AND GONORRHOEA
(LABORATORY CONFIRMED) IN MANITOBA- 1977 TO 1986

Year	Infectious Syphilis[1]		Gonorrhoea	
	Number	Rate per 100,000 Manitobans	Number	Rate per 100,000 Manitobans
1977	20	1.8	4,803	443
1978	42	3.8	4,214	385
1979	12	1.1	3,621	330
1980	9	0.9[2]	4,084	397[2]
1981	19	1.8	4,671	433
1982	11	1.0	4,608	424
1983	23	2.1	3,761	345
1984	58	5.3	3,350	305
1985	49	4.4	3,186	287
1986	24	2.2	3,029	272

P3/S2/T2

[1]Infectious Syphilis, with reported primary and secondary lesions.

[2]M.H.S.C. population estimates for 1980 are not available.
Statistics Canada population estimates have been used for 1980 rates.

TABLE 3
REPORTED CASES OF SYPHILIS AND GONORRHOEA BY AGE GROUP AND SEX - 1986

	Syphillis				Gonorrhoea			
Age Group	Male	Female	Total	% of Total	Male	Female	Total	% of Total
0-19	4	2	6	6.5	276	445	721	23.8
20-24	14	9	23	25.0	573	464	1,037	34.3
25-29	7	5	12	13.0	416	228	644	21.3
30-39	9	7	16	17.4	280	136	416	13.7
40-49	6	4	10	10.9	96	29	125	4.1
50-59	7	4	11	12.0	55	12	67	2.2
60+	3	11	14	15.2	19	-	19	0.6
Unknown	-	-	-	-	-	-	-	-
Total	50	42	92	100.0	1,715	1,314	3,029	100.0

TABLE 3A
REPORTED CASES OF CHLAMYDIA AND AIDS BY AGE GROUP AND SEX - 1986

	Chlamydia				AIDS			
Age Group	Male	Female	Total	% of Total	Male	Female	Total	% of Total
0-19	240	1,531	1,771[1]	32.0	-	-	-	-
20-24	507	1,443	1,950	35.2	-	-	-	-
25-29	336	481	817	14.8	4	-	4	26.6
30-39	149	249	398	7.2	7	-	7	46.7
40-49	36	40	76	1.4	1	-	1	6.7
50-59	14	14	28	0.5	2	-	2	13.3
60+	7	6	13	0.2	1	-	1	6.7
Unknown	119	363	482	8.7	-	-	-	-
Total	1,408	4,127	5,535	100.0	15	-	15	100.0

[1]Includes 14 male and 12 female non-genital cases under 1 year.

P3/S2/T3-3A

TABLE 4
ACTIVE TUBERCULOSIS CASES BY TYPE -
1986

Type of Disease	White	Treaty Indian	Other	Total
New Active Cases				
Primary	2(-)	6(4)	3(-)	11(4)
Pulmonary	33(32)	21(19)	23(17)	77(68)
Other Respiratory	-(-)	1(1)	6(3)	7(4)
Non-Respiratory	9(7)	5(5)	14(14)	28(26)
Total	44(39)	33(29)	46(34)	123(102)
Re-Activated Cases				
Pulmonary	2(2)	5(5)	1(1)	8(8)
Other Respiratory	-(-)	-(-)	-(-)	-(-)
Non-Respiratory	2(1)	2(2)	1(1)	5(4)
Total	4(3)	7(7)	2(2)	13(12)
Grand Total (1986)	48(42)	40(36)	48(36)	136(114)
Grand Total (1985)	53(39)	44(31)	47(35)	144(105)

NOTE: Figures in parantheses refer to bacillary cases.

TABLE 5
DRUG DISPENSING PROGRAM: NUMBER OF PATIENTS ACTIVE AND REGISTERED -
1983 TO 1986/87

Purpose of Drug	Number of Patients on Active List at Year End				Number of New Patients Registered During Year			
	1983	1984	85/86	86/87	1983	1984	85/86	86/87
Rheumatic Heart Disease Prevention	706	673	668	638	30	34	34	13
Diabetes Treatment	418	487	487	495	32	37	67	66
Life Saving	490	586	774	810	71	126	171	214

P3/S2/T4-5

TABLE 6
FOOD PROTECTION PROGRAM: ACTIVITIES - 1984 TO 1986/87

Activities	1984	1985/86	1986/87
Food Industry Seminars			
Number of Seminars Conducted	8	17	10
Number Persons Attending	522	821	472
Regulatory Agency Seminars			
Number of Seminars Conducted	10	2	-
Number of Persons Attending	205	30	-
Food Samples			
Complaint Samples Processed	136	149	106
Samples Tested for Pesticides	138	50	-
Food Condemned			
Canned Food (kg.)	2,556	-	-
Canned Food (l.)	-	-	4
Fluid Milk (l.)	93	-	-
Poultry (kg.)	-	1,977	-
Eggs (items)	-	25,615	-
Cheese (kg.)	-	131	-
Prepared Foods (items)	-	8	-
Liquor (l.)	-	-	51
Dry Goods (kg.)	-	-	510
Vegetables (kg.)	-	-	72
Canned Goods (l.)	-	-	4
Dairy Products (kg.)	-	-	3
Meat/Fish (kg.)	-	-	18
Miscellaneous (kg.)	-	-	39
Miscellaneous (l.)	-	-	37
Uninspected Meat Plant Permits Issued	73	80	88
Inspected Slaughterhouses Operating	31	31	31

P3/S2/T6

TABLE 1
OFFICE OF HEARING CONSERVATION: SCREENINGS, REFERRALS, AND ASSESSMENTS BY REGION - 1986/87

Region	Pre-School Children (0 - 4 Years)			School Children[1] (5 - 17 Years)			Adults (18 - 64 Years)		Adults (65+ Years)	
	Total Number Screened	Referred For Audiological Assessment	Confirmed Hearing Loss	Total Number Screened	Referred For Audiological Assessment	Confirmed Hearing Loss	Referred For Audiological Assessment	Confirmed Hearing Loss	Referred For Audiological Assessment	Confirmed Hearing Loss
Central	98	548	115	3,860	732	298	369	269	412	387
Eastman	-	162	29	4,500	941	166	172	108	252	232
Interlake[2]	-	94	19	3,753	559	145	198	137	200	170
Norman[3]	-	36	15	497	191	117	70	45	22	11
Parkland	-	124	51	2,152	457	192	232	138	311	297
Thompson	40	109	28	3,152	899	109	400	308	35	33
Westman	1,095	732	312	4,854	1,920	865	597	461	407	390
Winnipeg[4]	-	460	177	11,395	2,863	1,154	832	633	884	795
Totals	1,233	2,265	746	34,163	8,562	3,046	2,870	2,099	2,523	2,315

P3/S4/T1

[1]Kindergarten, Grade 1, and Special Referrals.

[2]Due to staff vacancy, no data was recorded for the first quarter.

[3]Due to staff vacancy, no data was recorded for the second, third, and fourth quarters.

[4]Includes data only from Seven Oaks, Deer Lodge, Victoria, and Concordia hospitals of Winnipeg Region.

TABLE 1
MAXIMUM NUMBER OF PERSONS RECEIVING CO-ORDINATED HOME CARE SERVICES BY REGION - 1986/87

Region	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March
Central	870	890	889	874	878	873	876	850	844	846	833	839
Eastman	944	943	929	974	985	997	990	992	985	1,003	993	993
Interlake	1,084	1,088	1,109	1,115	1,129	1,131	1,119	1,094	1,105	1,128	1,127	1,127
Norman	375	374	373	376	371	369	374	382	386	389	386	373
Parkland	779	792	784	779	773	782	800	798	807	811	825	821
Thompson	98	95	98	96	97	93	93	89	94	92	87	100
Westman	1,325	1,330	1,334	1,350	1,340	1,345	1,372	1,330	1,310	1,312	1,286	1,284
Winnipeg	9,023	9,008	9,136	9,190	9,216	9,207	9,424	9,384	9,466	9,323	9,303	9,381
Total	14,498	14,520	14,652	14,754	14,789	14,797	15,048	14,919	14,997	14,904	14,840	14,918

P3/S7/T1

TABLE 2
HOME CARE PROGRAM:
CASELOAD MOVEMENT BY AGE GROUP - 1986/87

	0 - 18	19 - 64	65+	Total
At Beginning of Year	261	2,453	10,479	13,193
Admissions	281	3,140	8,406	11,827
Discharges	295	3,004	8,110	11,409
At End of Year[1]	222	2,449	10,086	12,757

[1]Year end count does not balance due to age reclassification and the fact that transfers in and out may not be reported in the same month.

TABLE 3
HOME CARE PROGRAM:
AVERAGE MONTHLY NUMBER OF PERSONS RECEIVING SELECTED SERVICES[1] BY CATEGORY - 1984/85 TO 1986/87

Services[2]	Average Monthly Number of Persons		
	1984/85	1985/86	1986/87
Home Support Service[3]	7,514	7,610	7,822
Home Care Attendance[3]	1,145	2,231	3,455
Overnight and Daily Work[3]	-	104	185
Registered Nursing	3,975	4,397	4,894
Licensed Practical Nursing	1,452	1,538	1,569
Therapy[4]	341	324	427

P3/S7/T2-3

[1]In addition Home Care Services include health supervision, health education, health counselling, and volunteer services such as shopping and friendly visiting.

[2]An individual can receive more than one category of service.

[3]In 1985/86 the direct service categories of Homemakers and Home Care Attendants were reclassified into Home Support Workers, Home Care Attendants, Daily Workers, and Overnight Workers.

[4]Therapy is provided by Community Therapy Services of Manitoba and includes physiotherapy and occupational therapy.

TABLE 4
NUMBER OF PERSONS ON THE WAITING LIST FOR PERSONAL CARE HOMES - AT END OF MARCH 1984 TO 1987

	1984	1985	1986	1987
Rural Area	621	765	594	572
Winnipeg	1,049	925	916	764
Total	1,670	1,690	1,510	1,336

TABLE 5
PERCENTAGE OF PERSONS ON WAITING LIST RECEIVING HOME CARE PENDING PLACEMENT - AT END OF 1984, 1985/86, AND 1986/87

	1984	1985/86	1986/87
Rural Area	43.8	35.5	47.0
Winnipeg	47.2	38.3	29.5
Total	45.9	37.2	37.0

P3/S7/T4-5

[1]In March of 1987 44.5% of those waiting placement were in hospital. Other community cases not on Home Care were being cared for by family and/or friends.

TABLE 1
DENTAL SERVICES[1]: NUMBER OF CHILDREN ELIGIBLE AND TREATED, AND PERCENT UTILIZATION BY YEAR OF BIRTH (1971 TO 1979) - JULY, 1985 TO JUNE, 1986

Year of Birth	Manitoba Children's Dental Program		
	Eligible	Treated	% Utilization
1971	2,187	1,801	82.4
1972	2,677	2,248	84.0
1973	2,657	2,261	85.1
1974	2,751	2,345	85.2
1975	2,703	2,345	86.8
1976	2,614	2,254	86.2
1977	2,554	2,218	86.8
1978	2,522	2,157	85.5
1979	2,521	2,174	86.2
Total	23,186	19,803	85.4

[1]Provided by the Children's School Based Program.

TABLE 2
DENTAL SERVICES: NUMBER OF CHILDREN (BIRTH 1971 TO 1979) ELIGIBLE AND TREATED, AND PERCENT UTILIZATION BY DISTRICT - JULY, 1985 TO JUNE, 1986

District	Manitoba Children's Dental Program		
	Eligible	Treated	% Utilization
Eastern	12,981	10,885	83.9
Western	10,205	8,918	87.4
Total	23,186	19,803	85.4

P3/S6/T1-2

TABLE 3
DENTAL SERVICES: NUMBER OF SERVICES PROVIDED BY MANITOBA CHILDREN'S SCHOOL BASED DENTAL PROGRAM BY YEAR OF BIRTH (1973 TO 1980) - 1986/87

	Year of Birth								
	1980	1979	1978	1977	1976	1975	1974	1973	Total
Complete Patients	1,367	2,103	1,943	2,020	1,959	2,161	2,128	3,946	17,627
Incomplete Patients	75	65	68	51	58	42	41	95	495
SERVICES AND CODES									
Examinations (01200, 01400, 01401, 01402)	1,429	2,289	2,148	2,284	2,195	2,315	2,330	2,210	17,200
Radiographs									
Periapicals (02111 - 02116)	131	212	179	215	157	181	135	133	1,343
Bitewings (02141 - 02144)	1,287	1,475	1,296	1,215	1,069	1,070	1,026	1,089	9,527
Prevention									
Prophylaxis (11200)	1,153	1,066	719	814	724	915	919	962	7,272
Topical Fluoride (12200)	1,180	1,161	753	740	678	805	799	840	6,956
Nut. Counselling and OHI (13200)	1,193	1,595	1,309	1,387	1,367	1,472	1,438	1,390	11,151
Specific Oral Hygiene Inst. (13210)	6	37	40	53	24	20	20	31	231
Space Maintainers (15100 - 15210)	-	-	-	-	1	-	-	-	1
Other Ortho Services (15500)	-	1	2	2	3	1	1	-	10
Restorations									
Amalgams (21101 - 21225)	2,563	3,003	1,750	1,357	1,055	1,040	1,143	1,264	13,175
Retentive Pins (21301 - 21303)	-	-	8	2	-	2	1	6	19
Composite (23111 - 23223)	36	62	86	108	113	113	167	167	852
Crowns (21401 - 21421)	503	501	210	171	103	43	9	12	1,552
Other Rest. Services (29100 - 29800)	-	-	-	-	-	-	-	-	-
Pulp Therapy									
Pulpotomy (32201 - 32212, 39901 - 39909)	404	351	109	69	49	19	11	3	1,015
Others (33100 - 33511, 39910 - 39985)	-	-	1	-	1	-	-	1	3
Prosthodontics (52120 - 52221)	-	-	-	-	-	-	-	-	-
Surgical Procedures									
Extractions (71101 - 72320)	293	471	381	448	433	492	404	257	3,179
Other Surgical Proc. (72410 - 79400)	-	-	-	-	-	-	-	-	-
Adjunctive Services (94200, 94400)	-	-	-	-	-	-	-	-	-
Misc. Procedures Not Included Above	846	979	896	695	547	412	385	275	5,035
Total	11,024	13,203	9,887	9,560	8,519	8,900	8,788	8,640	78,521

P3/S6/T3

TABLE 4
DENTAL SERVICES: PREVENTIVE DENTAL PUBLIC HEALTH SERVICES PROVIDED AS PART OF THE MANITOBA CHILDREN'S DENTAL PROGRAM - JULY, 1985 TO JUNE, 1986

	Number of Schools					Approximate Number of Children	
			Non-Participating				
Program	Approached	Participating	By Choice	Fluoridated Water Supply	Unable to Complete	Eligible	Participating
Daily Brushing (Classroom)	443	108	335	N/A	N/A	60,269	5,027
Dental Health Education	443	390	53	N/A	59	58,970	46,273
Weekly Fluoride Rinse	443	378	57	8	N/A	61,301	45,960

P3/S6/T4

TABLE 5
DENTAL SERVICES: NUMBER OF SERVICES PROVIDED BY MANITOBA DENTAL ASSOCIATION PROGRAM BY YEAR OF BIRTH (1973 TO 1980) - 1986/87

	Year of Birth								
	1980	1979	1978	1977	1976	1975	1974	1973	Total
Complete Patients	1,763	2,241	2,345	2,374	2,342	2,233	2,095	3,625	19,018
Incomplete Patients	361	354	373	339	305	265	261	485	2,743
SERVICES AND CODES									
Examinations (01200, 01400, 01401, 01402, 11111)	1,993	2,463	2,572	2,571	2,586	2,450	2,287	3,953	20,875
Radiographs									
Single Film (02111)	62	161	174	174	156	110	111	164	1,112
Two Films (02112)	1,298	1,219	1,416	1,453	1,390	1,361	1,235	2,317	11,689
Three Films (02113)	37	32	44	33	30	32	30	39	277
Four Films (02114)	14	16	20	14	17	17	15	29	142
Five Films (02115)	1	1	1	2	2	4	1	1	13
Six Films (02116)	4	1	1	3	-	3	1	-	13
Prevention									
Prophylaxis (11200)[1]	-	-	-	1	-	1	-	-	2
Topical Fluoride (12200)[1]	-	-	-	1	-	1	-	-	2
Nut. Counselling and Oth (13200)[1]	-	-	-	-	-	-	-	-	-
Other Prev. Services[1]									
Space Maintainers (15100 - 15210)	163	334	214	135	76	26	15	13	976
Other Ortho. Services (15500)	9	124	171	193	144	74	32	18	765
Restorations									
Amalgams (21101 - 21225)	2,612	2,581	2,342	1,929	1,339	1,216	1,408	2,901	16,328
Retentive Pins (21301 - 21303)	5	1	13	8	8	12	16	34	97
Composite (23111 - 23223)	169	186	268	288	257	299	488	767	2,722
Crowns (21401 - 21421)	337	277	142	113	54	17	11	11	962
Other Rest. Services (29100 - 29800)	1	2	-	4	1	4	8	7	27
Pulp Therapy									
Pulpotomy (32201 - 32212, 39901 - 39909)	309	237	145	93	53	16	10	14	877
Others (33100 - 33511, 39910 - 39985)	1	3	9	28	20	24	36	68	189
Prosthodontics (52120 - 52221)	-	-	1	-	1	1	1	3	7
Surgical Procedures									
Extractions (71101 - 72320)	410	604	675	691	779	780	655	710	5,304
Other Surgical Proc. (72410 - 79400)	-	2	1	-	1	-	1	2	7
Adjunctive Services (94200, 94400)	2	4	4	3	2	2	4	2	23
Misc. Procedures Not Included Above	122	141	171	89	92	52	34	60	761
Total	7,549	8,389	8,384	7,826	7,008	6,502	6,399	11,113	63,170

[1] Included in Exam Package (11111).

P3/S6/T5

TABLE 1
PROVINCIAL GERONTOLOGIST: SUPPORT SERVICES TO SENIORS PROGRAM
NUMBER OF NEW PROJECTS BY REGION AND YEAR -
1984/85 TO 1986/87

Year	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg	Total
1984/85[1]	-	1	3	-	-	-	-	3	7
1985/86	4	2	3	-	2	-	4	9	24[2]
1986/87	2	3	5	-	4	-	5	6	25
Total	6	6	11	-	6	-	9	18	56[2]

[1]Funding started in January 1985.
[2]Does not include three projects which were funded in 1985/86 but ceased to function during the year.

TABLE 2
PROVINCIAL GERONTOLOGIST: SUPPORT SERVICES TO SENIORS PROGRAM
TOTAL NUMBER OF NEW PROJECTS BY TYPE AND REGION -
1984/85 TO 1986/87

Project	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg	Total
Community Resource Councils	2	1	1	-	1	-	6	1	12
Tenant Resource Coordinators	1	-	-	-	-	-	-	2	3
Volunteer Coordinators	1	-	-	-	-	-	1	1	3
Meals Program	2	5	10	-	5	-	2	14	38
Total	6	6	11	-	6	-	9	18	56[1]

P3/S8/T1-2

[1]Does not include three projects which were funded in 1985/86 but ceased to function during the year.

TABLE 1
MENTAL HEALTH CENTRES: ADMISSIONS AND SEPARATIONS BY INSTITUTION - 1984 TO 1986/87

Institution	Admissions			Separations[1]			In-Patients at Year End			Total Under Treatment[2]		
	1984	1985/86	1986/87	1984	1985/86	1986/87	1984	1985/86	1986/87	1984	1985/86	1986/87
Brandon Mental Health Centre	382	379	486	416	433	510	451	415	392	879	860	912
Selkirk Mental Health Centre	145	189	243	155	223	259	345	321	302	519	550	570
Total	527	568	729	571	656	769	796	736	694	1,398	1,410	1,482

P2/S1/T1

[1]Exclude probations.

[2]Population on register (resident population plus population on probation) at the beginning of the year plus admissions.

TABLE 2
MENTAL HEALTH CENTRES: AVERAGE DAILY PATIENT POPULATION BY INSTITUTION - 1982 TO 1986/87

Institution	1982	1983	1984	1985/86	1986/87
Brandon Mental Health Centre	535.1	506.0	458.1	436.8	406.0
Selkirk Mental Health Centre	370.7	360.7	345.4	323.7	308.5

P2/S1/T2

TABLE 3
MENTAL HEALTH CENTRES: AVERAGE LENGTH OF STAY FOR DISCHARGES BY INSTITUTION - 1982 TO 1986/87

Institution			Average Length of Stay				
			1982	1983	1984	1985/86	1986/87
Brandon Mental Health Centre	Patient in Hospital 1 Year or More	Years	12.7	11.4	15.2	13.3	11.6
	Patient in Hospital Less than 365 Days	Days	71.5	70.1	70.8	64.8	48.6
Selkirk Mental Health Centre	Patient in Hospital 1 Year or More	Years	6.7	6.5	16.1	6.7	9.6
	Patient in Hospital Less than 365 Days	Days	92.9	93.7	83.0	74.1	62.2

P2/S1/T3

TABLE 4
MENTAL HEALTH CENTRES: OUT-PATIENT CASELOAD MOVEMENT[1] - 1986/87

Institution	Active Cases[2] at Beginning of Year	Registrations During Year	Terminations During Year	Active Cases at End of Year
Brandon Mental Health Centre	636	936	724	848
Selkirk Mental Health Centre	1,338	478	900	916
Total	1,974	1,414	1,624	1,764

[1]Caseload movement includes those cases which received treatment services from medical, psychological, and/or social services staff.

[2]Criteria for active cases are those receiving service during the previous 12 months for Selkirk Mental Health Centre and the previous 90 days for Brandon Mental Health Centre.

TABLE 5
MENTAL HEALTH CENTRES: OUT-PATIENT AND OUT-PATIENT CONTACTS - 1986/87

Institution	Former In-Patients	Not Former In-Patients	Total Out-Patients	Total Contacts
Brandon Mental Health Centre	945	775	1,720	8,000
Selkirk Mental Health Centre	628	288	916	4,674
Total	1,573	1,063	2,636	12,674

P2/S1/T4-5

TABLE 1
COMMUNITY MENTAL HEALTH: CASELOAD MOVEMENT BY REGION - 1986/87

	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg	Total
Beginning of Year	209	409	230	202	215	217	542	1,591	3,615
Cases Opened	442	330	275	288	460	465	254	901	3,415
Total Cases	651	739	505	490	675	682	796	2,492	7,030
Cases Closed	430	283	284	329	378	523	217	1,105	3,549
End of Year	221	456	221	161	297	159	579	1,387	3,481

P2/S2/T1

TABLE 1
ADULT FORENSIC SERVICES: NUMBER OF PATIENTS SEEN - 1985 and 1986/87

Health Sciences Centre[1]	1985	1986/87
Patients Admitted	115	116
Out-Patients seen for Psychiatric Assessment	64	86
Patients seen on a follow-up basis	642	824

[1]In addition, 951 and 971 residents of Headingly Correctional Institution were seen by a Psychiatrist at the institution in 1985 and 1986/87 respectively.

TABLE 2
CHILDREN'S FORENSIC SERVICES: NUMBER OF REFERRALS BY CATEGORY - 1985 and 1986/87

Probation Referrals	Number of Cases	
	1985	1986/87
Psychiatric	55	59
Psychological	55	53
Psychiatric/Psychological	18	17
Consultative Conferences	-	1
Total	128	130
	Number of Sessions 1986/87	
Other Referrals	Initial	Follow-up[1]
Manitoba Youth Centre	49	18
Agassiz Centre for Youth	17	46
Open Custody	32	47
Regular	-	43
Open Custody Home	-	1
Total	98	155

P2/S3/T1-2

[1]Includes short-term psychotherapy cases.

TABLE 1
WINNIPEG CHILD GUIDANCE CLINIC:
CASELOAD MOVEMENT - SCHOOL YEAR 1981/82 TO 1985/86

	1981/82	1982/83	1983/84	1984/85	1985/86
Beginning of School Year	328	289	343	328	330
Cases Opened	256	262	256	277	334
Total Cases	584	551	599	605	664
Cases Closed	273	222	272	275	266
End of School Year	311	329	327	330	398

TABLE 2
COMMUNITY PSYCHIATRIC SERVICES FOR CHILDREN:
RURAL - TOTAL CASES - 1982 TO 1986/87

	1982	1983	1984	1985/86	1986/87
Total Cases	745	1,313	1,017	1,068	809

[1]Includes Brandon.

P2/S4/T1-2

Table 1 Manitoba Health

DEPARTMENTAL EXPENDITURE SUMMARY

April 1, 1986 - March 31, 1987

Appropriation Number	Program/Service	Expenditures ($000)	Estimates ($000)	Variance [1] ($000)
21-1	Administration and Finance	2,585.3	2,668.7	(83.4)
21-2	Community Health Programs	50,503.0	42,793.8	7,709.2
21-3	Community Health Operations	23,776.0	23,495.1	280.9
21-4	Mental Health	37,580.8	39,252.7	(1,671.9)
21-5	Sport	656.5	661.8	(5.3)
Total Department		115,101.6	108,872.1	6,229.5

1 Bracketed figures indicate an underexpenditure

Table 2 Manitoba Health

EXPENDITURE SUMMARY APPROPRIATION 21-1

April 1, 1986 - March 31, 1987

Appropriation Number	Program/Service	Expenditures ($000)	Estimates ($000)	Variance 1 ($000)	Expl. No.
21-1A	Minister's Salary	20.5	20.6	(.1)	
21-1B	Executive Support				
-1	Salaries	251.7	201.2	50.5	1
-2	Other Expenditures	88.6	73.3	15.3	2
21-1C	Research and Planning				
-1	Salaries	410.1	431.7	(21.6)	
-2	Other Expenditures	90.4	111.2	(20.8)	
21-1D	Communications				
-2	Other Expenditures	16.0	24.9	(8.9)	3
21-1E	Administration and Finance				
-1	Salaries	728.0	734.4	(6.4)	
-2	Other Expenditures	64.8	66.7	(1.9)	
21-1G	Personnel Management Services				
-1	Salaries	320.4	335.5	(15.1)	
-2	Other Expenditures	58.6	69.6	(11.0)	
21-1H	Management and Analytical Services				
-1	Salaries	417.0	464.0	(47.0)	
-2	Other Expenditures	61.2	72.1	(10.9)	
21-1J	Human Resources Development				
-1	Salaries	42.0	41.1	.9	
-2	Other Expenditures	16.0	22.4	(6.4)	4
Total Appropriation 21-1		2,585.3	2,668.7	(83.4)	

1 Bracketed figures indicate an underexpenditure

Table 3 Manitoba Health

EXPENDITURE SUMMARY APPROPRIATION 21-2

April 1, 1986 - March 31, 1987

Appropriation Number	Program/Service	Expenditures ($000)	Estimates ($000)	Variance 1 ($000)	Expl. No.
21-2A	Programs Support				
-1	Salaries	649.3	977.9	(328.6)	5
-2	Other Expenditures	147.9	113.9	34.0	6
21-2B	Communicable Disease Control				
-1	Salaries	484.4	539.0	(54.6)	
-2	Other Expenditures	2,931.9	2,663.8	268.1	7
21-2C	Maternal and Child Health				
-1	Salaries	215.2	214.3	.9	
-2	Other Expenditures	430.4	439.3	(8.9)	
-3	External Agencies	567.7	568.9	(1.2)	
21-2D	Health Promotion				
-1	Salaries	839.4	742.7	96.7	
-2	Other Expenditures	251.7	517.7	(266.0)	8
-3	External Agencies	609.5	591.4	18.1	
21-2E	Hearing Conservation				
-1	Salaries	167.4	158.8	8.6	
-2	Other Expenditures	211.6	254.2	(42.6)	
-3	External Agencies	43.0	43.0	0	
21-2F	Gerontology				
-1	Salaries	143.6	138.6	5.0	
-2	Other Expenditures	640.7	1,066.1	(425.4)	9
21-2G	Continuing Care				
-1	Salaries	281.8	270.3	11.5	
-2	Other Expenditures	64.5	223.7	(159.2)	10
-3	Home Care Assistance	32,210.0	24,671.8	7,538.2	11
-4	External Agencies	160.4	180.0	(19.6)	

1 Bracketed figures indicate an underexpenditure

Table 3 Manitoba Health ... cont'd

EXPENDITURE SUMMARY APPROPRIATION 21-2

April 1, 1986 - March 31, 1987

Appropriation Number	Program/Service	Expenditures ($000)	Estimates ($000)	Variance 1 ($000)	Expl. No.
21-2H	Medical Equipment and Supplies				
-1	Salaries	487.3	460.5	26.8	
-2	Other Expenditures	2,525.2	2,045.5	479.7	12
-3	External Agencies	550.8	498.6	52.2	
21-2J	Dental Services				
-1	Salaries	2,137.2	2,366.7	(229.5)	
-2	Other Expenditures	2,206.6	1,363.0	843.6	13
-3	External Agencies	152.1	159.0	(6.9)	
21-2K	Environmental Health				
-1	Salaries	157.8	212.5	(54.7)	14
-2	Other Expenditures	15.0	16.3	(1.3)	
21-2N	Health Information Resources				
-1	Salaries	187.9	204.4	(16.5)	
-2	Other Expenditures	223.5	256.6	(33.1)	
21-2P	Manitoba Health Research Council	787.0	787.0	0	
21-2Q	Northern Health				
-2	Other Expenditures	22.2	48.3	(26.1)	15
Total Appropriation 21-2		50,503.0	42,793.8	7,709.2	

1 Bracketed figures indicate an underexpenditure

Table 4 Manitoba Health

EXPENDITURE SUMMARY APPROPRIATION 21-3

April 1, 1986 - March 31, 1987

Appropriation Number	Program/Service	Expenditures ($000)	Estimates ($000)	Variance 1 ($000)	Expl. No.
21-3A	Operations Support				
-1	Salaries	110.0	117.4	(7.4)	
-2	Other Expenditures	18.5	15.3	3.2	
21-3B	Regional Services				
-1	Salaries	20,382.9	20,377.8	5.1	
-2	Other Expenditures	3,264.6	2,984.6	280.0	
Total Appropriation 21-3		23,776.0	23,495.1	280.9	

1 Bracketed figures indicate an underexpenditure

Table 5 Manitoba Health

EXPENDITURE SUMMARY APPROPRIATION 21-4

April 1, 1986 - March 31, 1987

Appropriation Number	Program/Service	Expenditures ($000)	Estimates ($000)	Variance 1 ($000)	Expl. No.
21-4A	Management Support				
-1	Salaries	85.3	84.1	1.2	
-2	Other Expenditures	15.7	40.4	(24.7)	16
21-4B	Chief Provincial Psychiatrist				
-1	Salaries	183.2	252.8	(69.6)	17
-2	Other Expenditures	36.0	39.6	(3.6)	
21-4C	Mental Health Directorate				
-1	Salaries	210.6	205.7	4.9	
-2	Other Expenditures	651.7	1,225.8	(574.1)	18
-3	External Agencies	982.5	1,199.1	(216.6)	19
21-4D	Forensic Services				
-1	Salaries	373.3	449.6	(76.3)	
-2	Other Expenditures	171.8	154.4	17.4	
21-4E	Children's Psychiatric Services				
-1	Salaries	554.3	715.0	(160.7)	20
-2	Other Expenditures	109.3	113.3	(4.0)	
21-4F	Brandon Mental Health Centre				
-1	Salaries	16,690.9	17,138.9	(448.0)	
-2	Other Expenditures	2,301.3	2,222.8	78.5	
21-4G	Selkirk Mental Health Centre				
-1	Salaries	13,212.8	13,428.3	(215.5)	
-2	Other Expenditures	2,002.1	1,982.9	19.2	
Total Appropriation 21-4		37,580.8	39,252.7	(1,671.9)	

1 Bracketed figures indicate an underexpenditure

Table 6 Manitoba Health

EXPENDITURE SUMMARY APPROPRIATION 21-5

April 1, 1986 - March 31, 1987

Appropriation Number	Program/Service	Expenditures ($000)	Estimates ($000)	Variance 1 ($000)	Expl. No.
21-5A	Executive				
-1	Salaries	112.9	117.8	(4.9)	
-2	Other Expenditures	3.9	4.0	(.1)	
21-5B	Sport Directorate				
-1	Salaries	154.9	155.2	(.3)	
-2	Other Expenditures	54.0	54.0	0	
-3	External Agencies	330.8	330.8	0	
Total Appropriation 21-5		656.5	661.8	(5.3)	

1 Bracketed figures indicate an underexpenditure

MANITOBA HEALTH
EXPLANATIONS
APRIL 1, 1986 - MARCH 31, 1987

1. The overexpenditure was due to the transfer of 3 Staff Years from Executive Council related to Health Care Reform, as well as the general salary increase.

2. The overexpenditure was due to the transfer of the 3 Staff Years for Health Care Reform and the related purchase of office furnishings, equipment installations and general operating costs.

3. Communications expenditures were lower than originally anticipated.

4. The underexpenditure resulted from being able to deliver employee educational assistance at a lower cost than anticipated.

5. The surplus in salaries is due to Medical Officer positions and vacant positions which were filled at lower classifications.

6. The increased expenditures are due to professional services for the provision of Medical expertise and consultation.

7. The increase in Other Expenditures is made up of the following:

   a) An overexpenditure due to the purchase of medical supplies for use by patients on the Diabetic program and increased expenditures for telephones, office supplies and computer related expenditures.

   b) An overexpenditure in Food Protection was due to higher than anticipated costs of meat inspectors and increased numbers of animals inspected.

   c) An underexpenditure in Biologics was due to:

      - decreased puchases of Immune Serum Globulin re: Hepatitus A

      - decreased purchases of Flue Vaccine

      - offset in part by increased expenditures for D.P.T. Vaccine

   d) An overexpenditure in Life Saving Drugs was due to a 5% increase in patients enrolled in the program, an increase in patients receiving very expensive drugs, and sundry improved medications.

   e) An underexpenditure in the Sexually Transmitted Disease Program was due to decreased computer related expenditures, decreased advertising expenditures, professional fees, offset in part by overexpenditures for the purchasing of PRO-AMP kits.

8. The underexpenditure in Health Promotion was due to:

   a) The advertising expenditures for Smoking Reduction were less than anticipated

   b) There was an underexpenditure in the Diabetes Education program due to:

      (i) Difficulty recruiting to the positions, resulting in the program being delayed until late in the fiscal year

      (ii) an underexpenditure in professional fees for medical expertise-consulting services

      (iii) an overexpenditure in office supplies as the program was still at the developmental stage.

   c) Increased expenditures for telephones, office supplies, and relocation expenses not planned for.

9. The surplus was due to the following:

a) Support Services to Seniors projects which were originally estimated at full-time, were phased-in subsequently on a less than full-time basis in the first year of operation. Some sites had been estimated to require full-year funding in 1986/87 encountered unanticipated site delays resulting in an underexpenditure.

b) The Manitoba Council on Aging met fewer times than anticipated; this resulted in an underexpenditure.

c) The anticipated use of contract staff did not take place resulting in an underexepnditure.

d) Computer related expenditures were lower than anticipated.

10. The underexpenditure was due to computer related expenditures being less than anctici:pated due to the delay of the computerization project until 1987/58.

11. The overexpenditure in Home Care Assistance is due to the following:

a) - the staff time for Hospital Home Care Coordination increased due to the increase in referrals from hospitals to facilitate earlier hospital discharge and alleviate pressure on emergency departments

b) - the services purchased from Community Therapy Services increased 64% along with a rate increase of 2.1%

c) - HIDI and FOKUS, The Pas independent living projects were not yet completed

d) - costs for two special service cotracts exceeded planned expenditures.

e) - VON short term expenditures were higher than anticipated due to an increase in units of service of 3.2% and a rate increase of 4.1%

f) - District Health Centres had an overexpenditure due an increase of 20% in services provided

g) - Regional Service expenditures exceeded planned amounts due to:

(i) increases in units of services in the 50% range due to heavier care needs of clients as well as approximately a 15.9% increase in the number of clients

(ii) general salary increases in the 6% range

(iii) increase in the number of terminally ill clients requiring heavier care and support at home

(iv) increase of approximately 38% in the units of service provided in the Home Orderly Service along with increases in the number of persons receiving service

12. The overexpenditure in Medical Equipment and Supplies was due to the following:

a) The cost for the work experience students resulted in an overexpenditure.

b) Overexpenditures in computer related expenditures due to electrical rewiring for the computer and the purchase of computer desks which were not anticipated.

c) The purchase of an additional 34 oxygen concentrator units due to an increase in the waiting list of clients, which was not anticipated.

d) An overexpenditure in Medical Supplies resulted from a 15% increase in the number of clients, as well as a 6% price increase and increased consumption of medical supplies by existing clients.

e) An overexpenditure in Ostomy Supplies was due to a 7% price increase.

f) The purchase of 50 Breast pumps was required as the older models became unrepairable faster than anticipated.

g) The purchase of 15 Hoya Hydraulic patients lifters, was due to more spinal cord injuries in 1986/87 than anticipated.

h) The purchase of an additional 100 Nebulizing Compressors was due in part to an aging population and in part to more lung disease in the farming communities than anticipated.

i) Increased expenditures for parts and repairs resulted in an overexpenditure.

j) The purchase of an additional 140 manual wheelchairs was due in part to more spinal cord injuries than anticipated and in part to an increasing waiting list of clients.

13. The overexpenditure in Dental Services arose as a result of ensuring that the existing level of service and standards were maintained.

14. The underexpenditure in Salaries was due to a position being vacant for most of the year.

15. The underexpenditure was due to reduced inservice education costs as well as delayed implementation of an education program for Northern nurses.

16. No physicians applied for professional training during the year. This resulted in an underexpenditure.

17. The underexpenditure in Salaries was due to the Chief Provincial Psychiatrist's position being vacant.

18. The underexpenditure in the Mental Health Directorate was due to:

a) An underexpenditure in the Community Mental Health Workers' Training Program due to a reduction in the number of courses held.

b) Phasing in the implementation of the regional day program and the Proctor Program resulted in an underexpenditure.

c) Grants to the following non-profit organizations, Salvation Army, Canadian Mental Health Association, Society of Self Help, were not planned.

d) Overexpenditures occurred in Respite Care and operating expenses such as telephone, repairs and maintenance.

19. The underexpenditure in External Agencies was due to the following:

a) Phasing in the new initiative grants for Community Residences.

b) Grant to Schomes Inc. was lower than planned.

20. The surplus Salaries is due to difficulties in recruiting psychiatrists to fill full-time positions and vacant positions which were underfilled.